



Certified Farmers' Markets

P.O. Box 990187 – Redding, CA 96099-0187

Voice mail: 530-226-7100 – Website: shastagrowersassociation.com

Shasta Growers Association Membership Application

Name(s) _____ Business Name _____

Mailing Address _____

Production Address if Different _____

Phone _____ Cell Phone _____ E-Mail _____

Best way to contact you (check one) E-Mail _____ Paper Mail _____

Please Check One: New Membership _____ Renewal Membership _____

(For New Ag vendors only) Are you a Certified Grower? Yes _____ No _____ Provide copy of certification with application

Description of all items you wish to be approved to sell (use other side if necessary). For returning members, please list ONLY NEW ITEMS you wish to add on the front page. All previously approved items should be listed on the back. For returning Ag members you may attach a copy of your certified producers certificate.

Markets you would like to attend this year: Sat ___ Sun ___ Tues ___ Wed ___ Thurs ___

Submitting a New application does not guarantee approval and selling at a SGA Market is not permitted until approved by the SGA Board. You will be notified by phone or mail of acceptance, limited acceptance or denial. Please include your \$35 membership fee with your completed application. If for any reason you are not approved your check will be returned to you.

All Members must, prior to coming to your first market of the season:

- A. Provide copies of all necessary permits and licenses to the SGA, which will be kept on file at the market(s). If selling as a certified producer you MUST provide a current Original Embossed Producers Certificate for each market. You will need an additional set of originals to post in your booth while selling at the market.
- B. Prior to coming to your first market you must contact the Market Manager at (530) 221-7100 by 6:00pm two days prior to each market you are requesting to attend, or when missing a market for one or more weeks, as well as when returning after missing one or more weeks.
- C. Have paid your \$35 membership fee.

Having read and understood the above application, I request to sell at the SGA Markets. I have read and understand the SGA Rules and Regulations (available at shastagrowersassociation.com) and agree to abide by them and to cooperate fully with the SGA Board of Directors and the Market Managers. I fully understand that failure to do so will result in my dismissal from the SGA Markets.

Signature _____ Date _____

Date Accepted _____ Paid _____ Cert Ag _____ Non Cert Ag _____ Craft _____ Food _____