



Farmer Application Form

Date: _____

Farm Name: _____

Name of Certificate Holder: _____

Certificate Holder Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Work phone: _____ Home phone: _____

Cell phone: _____ Fax: _____

E-mail: _____ Website: _____

Primary Contact: _____ Phone Number: _____

Alternate Contact: _____ Phone Number: _____

Products – Conventionally Grown (start with your top three products; attach a copy of your producer certificate):

Products – Certified Organically Grown (start with your top three products; attach a copy of your organic certification):

In which Southland Member Market(s) do you already participate? (please check below)

- | | | | | |
|------------------------------------|----------------------------------------|------------------------------------------------|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Chinatown | <input type="checkbox"/> La Cienega | <input type="checkbox"/> Pomona | <input type="checkbox"/> San Dimas | <input type="checkbox"/> W. Hollywood-Mon |
| <input type="checkbox"/> Claremont | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Redondo Beach | <input type="checkbox"/> Santa Monica-Sat | <input type="checkbox"/> W. Hollywood-Wed |
| <input type="checkbox"/> Covina | <input type="checkbox"/> Monrovia | <input type="checkbox"/> San Diego-Coronado | <input type="checkbox"/> Santa Monica-Wed | <input type="checkbox"/> None |
| <input type="checkbox"/> Fontana | <input type="checkbox"/> Oxnard | <input type="checkbox"/> San Diego-Horton Sq | <input type="checkbox"/> Silverlake | |
| <input type="checkbox"/> Gardena | <input type="checkbox"/> Panorama City | <input type="checkbox"/> San Diego-Pacific Bch | <input type="checkbox"/> Studio City | |

Other than Southland's member markets, which other market(s) do you participate in? (please list them)

--

Which days of the week do you want to sell (add markets)? (please circle below)

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Additional Information/Comments:

--

FORM MUST BE COMPLETE AND SIGNED: *Completing an application does not constitute a guarantee of space.*

Signature of Farmer/Certificate Holder _____	Name (please print) _____
----------------------------------------------	---------------------------

If you have any questions, please call us at 310-481-0167.

Mail or fax this application with a copy of your Certified Producer Certificate(s) and Organic Certification (if applicable):

Southland Farmers' Market Association

P.O. Box 858 ♦ Topanga ♦ CA ♦ 90290 ♦ Tel: 310-481-0167 ♦ Fax: 310-481-0171