



2021 MEMBERSHIP APPLICATION

Membership Type:

Associate – \$30 Active – \$45 Allied – \$60

Market Mgr. Phone _____

Alternate Phone _____

Name of Market _____

Email _____

Market Manager _____

Website _____

Market Address _____

Facebook Site _____

City _____ Zip _____

Season Open _____

County _____

Days of the Week Open _____

Mailing Address _____

Hours Open _____

City _____ Zip _____

Please check all of the products that your market accepts:

Credit Debit SNAP

County _____

Senior Vouchers WIC Voucher

RETURN COMPLETED APPLICATION AND PAYMENT

Check or money order should be made payable to **SC Association of Farmers Markets** and sent to:

South Carolina Department of Agriculture
Attn: Chris Doyle
P.O. Box 11280
Columbia, SC 29201
cdoyle@scda.sc.gov