



New Mexico Farmers' Marketing Association Membership Form

To become a member of the NMFMA, or to renew your membership, please fill out and submit this form by May 1st, and pay your membership by check to: NMFMA, 1219 Luisa St. #1, Santa Fe, NM 87505.

To apply for **liability insurance** please fill out the form found on our website at www.farmersmarketsnm.org (select the "Managers" Tab at the top of the page, then select "Liability Insurance" from the drop down menu).

Questions with a * are required

What is the full name of your farmers' market as you would like it to appear on our website? *

What is the first and last name of the market manager or primary contact? *

What is the email of the market manager or primary contact? *

What mailing address should we send market mail to? *

What is the market manager or primary contact's phone number? *

Do you wish to list the phone number on the NMFMA website so customers can reach you? *

☐ Yes ☐ No

What is the first and last name of a secondary contact, if any?

What is the email of the secondary contact?

What the phone number of the secondary contact?



What is the physical location of your farmers' market?

It is important to get a street address so we can accurately map your market on our website. (You can use the street address of an adjacent building and we can adjust accordingly) *

On what date (month and day) will your farmers' market open this year? *

On what date (month and day) will your farmers' market close this year? *

On what days of the week AND hours is your market open? *

(Example: Thursday 6PM to 8PM and Saturday 8AM to sellout)

What types of products are sold at market? (This description will go on your market listing for the USDA, NM Tourism, and other market directories. Use the back of the page if necessary.)

What is the complete URL of your market's website, if applicable?

What is the complete URL of your market's Facebook page, if applicable?

Does your market accept SNAP, WIC & Senior FMNP, debit cards, or other payment options? (Check all that apply) *

☐ WIC/Senior FMNP Vouchers

☐ SNAP

☐ Double Up Food Bucks

☐ Debit Card

☐ None of these



You will be signed up to receive our Market Manager Update, the NMFMA Newsletter, and important announcements through email, unless you wish to opt out. Do you wish to opt out? *

☐ Yes ☐ No

Does your market have a winter market or operate year-round? *

☐ Yes ☐ No

If your market does have a winter market or operate year-round, please provide information here. (Please include the season of your winter market (i.e. October - March), weekly/monthly schedule, and location.)

YOUR PROMOTIONAL FUNDS

Promotional funds are **reimbursements** we provide to farmers' markets to help with advertising and promotions. Due to our present status as a federally recognized 501(c)(3), we must ensure our work supports charitable purposes. **ALL MARKETS DESIRING REIMBURSEMENT for Advertising & Promotional Funds (\$300 base + \$5.00 per farmer) MUST show proof that their ads, signage, radio copy, etc. promote at least ONE of the following: 1) "healthy eating" and/or 2) SNAP, WIC, and/or Senior Farmers' Market Nutrition Programs. WHEN YOU SEND IN RECEIPTS FOR REIMBURSEMENT, WE WILL ALSO NEED CHECK-IN COPIES OF ADS; RADIO COPY; OR PHOTOS OF SIGNAGE, DISPLAYS, POSTERS, OR OTHER PROMOTIONAL MATERIAL. NO EXCEPTIONS!**

If your market has more than 40 vendors AND crafts vendors make up more than 50% of your market's vendors, please supply the number of AGRICULTURAL VENDORS ONLY:

Calculate your promotional funds as follows:

Average number of vendors	x \$5	+ \$300	Your Total Promotional Funds
<i>Example: 10</i>	<i>\$50</i>	<i>\$300</i>	<i>\$350</i>



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YOUR DUES

Please pay your dues by check to: NMFMA, 1219 Luisa St. #1, Santa Fe, NM 87505. Please mail this sheet in with your payment.

Your membership payment is based upon the number of vendors your market has. What is the average number of peak season vendors at your market? *

- ☐ 0 to 9 vendors (You owe \$10)
- ☐ 10 to 19 vendors (You owe \$25)
- ☐ 20 to 29 vendors (You owe \$35)
- ☐ 30 to 39 vendors (You owe \$50)
- ☐ 40 or more vendors (You owe \$100)

Your Name:

Your Market:

Amount enclosed:

Thank you for your membership!