

Federation Membership Application

A separate application form must be filled out for each Certified Farmers' Market Certificate in your organization. A copy of your CFM certificate must accompany each application form.
Please mail to: California Federation, P.O. Box 1813, Davis, CA 95617.

Please choose and circle the appropriate membership level according to the total number of markets in your association/organization:

Single market: \$50.00; 2-3 markets: \$150.00;
4-6 markets: \$350.00; 7-9 markets: \$650.00;
10 + markets: \$950.00

With membership, each market in your organization receives one vote and one delegate per market.

A. Market Information

Name of Certified Farmers Market: _____

Days and Times of CFM: _____ Cross Sts. _____

City & Location of CFM: _____ County of CFM: _____

Name of CFM Manager: _____

CFM mailing address _____

CFM Phone: _____ CFM FAX: _____ CFM email: _____

B. Certificate Information

Name of certificate holder _____

(check appropriate category): ___ Grower ___ Grower Association
___ Non-Profit Corporation ___ Governmental Entity ___ other (please specify)

Issuing County : _____ Certificate Number: _____

C. Delegate Information

Name of CFM designated Federation Delegate: _____

Delegate is (check all that apply):

___ Grower ___ Market Manager ___ Board Member ___ Other (please specify)

Date: _____ Signed _____

Print Name/Title _____