



Farmers Market of Wausau, Inc.  
P.O. Box 2323  
Wausau, WI 54402-2323

### Application for Membership

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ SSN: \_\_\_\_\_

Business Address if different from above:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ SSN: \_\_\_\_\_

Primary products to be sold at your stand: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Check days you plan to be at the market:  Wednesday  Saturday

Check the month/s you plan to be at the market:

May  June  July  Aug.  Sept.  Oct.

Explain in a few words how your products would be unique to any other vendor at the market: \_\_\_\_\_

\_\_\_\_\_

**Processing fee is \$5.00.**

Applications will not be processed without directions or processing fee.

**Please send the processing fee and completed application back to address at the top of application.**