

Wakefield Marketplace Member Application

(Please print clearly)

Name: _____ Date: _____

Business Name: _____

Address _____ Town and Zip _____

Phone _____ Cell phone _____

E-mail: _____

Use space reverse side of sheet or a separate sheet to list-everything you intend to sell this coming season, including another member's product. Continuing members should specify any changes from the previous season. **Applications received after May 1st will be on a space available basis.**

Each member, in a member organization such as ours, has a responsibility to support the Marketplace either by working on a committee or providing financial aid. If you choose to serve on a committee, there will be no discount. Each membership dues will be a flat \$50 and a weekly flat table fee of \$10.

I choose not to volunteer for a task _____ (check here)

I choose to volunteer for the following task _____ (write in)

Marketplace Responsibility/Task descriptions are included below.

Communications	Fair	Marketing	Grant
Demonstrations/events	Maintenance	Marketing Management	Website
Development	Market Day	Membership	

The participation of each member will be evaluated when applications are considered for the following season.

Approval of applications and space assignments are based on seniority, product mix, compliance with applicable rules and other consideration the Wakefield Marketplace reasonably believes necessary to maintain a successful market operation.

I have attached copies of the license(s) required for my product and a certificate for my scales.

My signature indicates that **I have read and will abide by the Bylaws and Rules and Regulations** for members and Vendors at the Wakefield Marketplace.

Signed: _____ Date: _____

***Mail complete application and check by May 1st to The Wakefield Marketplace, PO Box 465
Sanbornville NH 03872***