



Jackson County Growers' Association
PO Box 47
Marianna, FL 32447

Membership Information

Name (Please print clearly)
Mailing Address
City State Zip
Farm Address (if different)
City State Zip
Phone # (main)
Phone # (alt)
E-mail (Please print clearly)

Date Paid
Cash Check
Membership Fee
Stall Fee
Reserved Fee
Total Paid
Reserved Stall #

For Office Use Only

Additional people selling for member

#1 Name Address Phone
#2 Name Address Phone

Permits, Licenses, Certifications, Specialty Products

If you will be selling any products that need a specific permit, license or certification, a current copy of that permit, license or certification must be on file with the Market Manager before you are allowed to sell that product.

All crafters must be current members in good standing with the Panhandle Artists and Crafters.

I will be selling (check all that apply):
Produce Plants Crafts Seafood/Meat Eggs Pet Food Other
List Other



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Statement of Understanding (Liability Release)

Print Member Name _____

In exchange for the use of a portion of the Madison Street Park and Pavilion as the Marianna City Farmer's Market, I, along with any and all persons listed on the reverse side of this document and any of my representatives, agree to now and forever, hold harmless and release from any financial responsibility the following:

- *The Jackson County Growers' Association, Inc., it's members and it's Board of Directors
- *The city of Marianna and it's employees
- *The Jackson County Cooperative Extension Service and it's employees
- *The Florida county of Jackson and it's employees
- *The University of Florida Institute of Food and Agriculture Sciences and it's employees
- *The Florida Department of Agriculture And Consumer Services and it's employees

I agree to use only those chemicals approved by the Florida Department of Agriculture and Consumer Sciences (FDACS) for use on my crops and follow all label instructions.

I agree to obtain and show proof of insurance for all vehicles I bring to the Market.

I have received a copy and read, or had explained to me, and understand all rules, regulations & Bylaws set forth by the State of Florida, Department of Agriculture (FDACS), the City of Marianna and the Jackson County Growers' Association, d/b/a the Marianna City Farmers' Market and agree to abide by them.

Vehicle and Insurance Information

Insurance Company _____ Policy # _____

Vehicle 1 Plate # _____ Vehicle 2 Plate# _____

Member Signature _____ Date _____