

**North Asheville Tailgate Market
Membership Application**

Date:

Name:

Name of Farm:

Address:

County:

Phone number:

Email address:

Approx. size of area under cultivation?

What products do you plan on offering?

Vegetables: Please be specific

Flowers:

Potted and/or bedding plants:

Crafts (including soaps etc):

Baked goods:

Canned goods:

Meat products:

Cheese and/or eggs:

Other:

What is your previous experience growing and/or selling the product(s) that you expect to sell?

When do you expect to attend the market: Please check all that apply.

Spring (mid-April – mid-June): _____

Summer (mid-June – end of Aug): _____

Fall (Sept - end of October): _____

Winter (November – December): _____

How often do you expect to attend market: Please check all that apply

Every Saturday _____

Occasional Saturday _____

I have read that attached memorandum of understanding and market vendor guidelines and agree, should I be accepted into the market, to abide by these rules. I understand that acceptance into the market is solely at the discretion of the current market members with advice from the market membership committee and market manager.

Please return form to:

North Asheville Tailgate Market

P.O. Box 8201

Asheville NC 28804

828-776-NATM (6286)