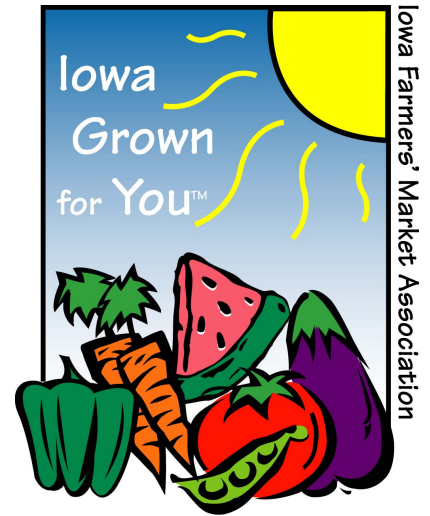


Iowa Farmers' Market Association

Membership Application



Membership Type: Farmers' Market ___ Associate ___

\$20 per Membership: New Membership ___ Renewal ___

Farmers' Market Name _____

Market's City and County _____

Market Contact / Associate Name _____

Mailing Address _____

Phone () _____

Fax () _____

E-Mail _____

Make check payable to IFMA, and send with completed application to:

Dawn Troutner,
IFMA Secretary,
1894 290th St.,
Melbourne, IA 50162

New membership is activated upon approval of IFMA Board of Directors.

Membership year is March through February.