



FARMERS MARKET NUTRITION PROGRAM

FARMERS AGREEMENT

(Valid January 1, 2017 through December 31, 2017)

County of Residence

Farmer's Name (Please print)

Stamp # (FMNP ID #)

I understand and hereby agree to abide by the Rules and Procedures as printed on the reverse side of this form and in the Farmers Market Nutrition Program Training Manual or amendments to rules that may be promulgated at markets and/or mailed to me. **In compliance with USDA's regulations, I acknowledge that I have received training by submitting this completed form and a current year's growers permit each year to the Farmers Market Authority. I understand and agree that it is my responsibility to submit these forms.**

Farmer's Signature (If submitting via email, type your full name in the space above, otherwise, print and sign as usual.)

Today's Date

Mailing Address

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian

Mailing Address City/State/Zip Code

Farm Name

Ethnicity:

- Hispanic
- Non-Hispanic

Farm Address/City/State/Zip Code

Telephone Number (including area code)

E-mail Address

Markets You Currently Attend:

FMNP Authorized Market Name

FMNP Authorized Market Name

FMNP Authorized Market Name

FMNP Authorized Market Name

FMNP Authorized Market Name

FMNP Authorized Market Name

Please notify the Farmers Market Authority at 1-877-774-9519 or 334-240-7247 if any of the above information changes.