

By signing this application, I agree to abide by the rules and requirements for membership and the by-laws of F.A.R.M. and to abide by the decisions of this organization and its Board of Directors while selling under the auspices of F.A.R.M. I understand that failure to comply can result in exclusion as a Special Member.

Signature: _____ Date: _____

New Members (first time sellers) must supply 2 references (non-family members) that are familiar with your operation.

Name: _____ Telephone: _____

Name: _____ Telephone: _____

****** Make checks payable to East TN F.A.R.M. ******

Mail application, \$30 Membership dues, and \$50 Processing fee (new food trucks) to:

**East TN F.A.R.M.
c/o Kathy Chippendale
411 Lone Ridge Lane
Clinton, TN 37716**