

Middleburg Community Farmers Market

Non-Profit 2012 Application Form

Contact Name: _____

Name of Non-Profit Organization: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Numbers: Contact's Cell phone #: _____

Organizations #: _____

Fax: _____

Email Address: _____

Business/Physical Address: _____

Describe what you will be selling for your organization: _____

Attach a copy of the organizations letter of non profit status.

