

# Middleburg Community Farmers Market

## Non-Profit 2011 Application Form

Contact Name: \_\_\_\_\_

Name of Non-Profit Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Numbers: Contact's #: \_\_\_\_\_

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.

