

Membership Form 2024/5, 2025/6

(for membership 1 July 2024 - 30 June 2026)

**CONTACT DETAILS:**

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| Name of Applicant: |  |
| Business/Trading Name (if applicable) |  |
| Postal Address: |  |
| Email:\* |  |
| Phone number(s):\* |  |

Membership type:

* Stallholder – Producer/Artisan
* Stallholder – Farmer
* Community Member

|  |  |
| --- | --- |
| Signature: | Date: |

|  |  |
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| OFFICE USE ONLYDate Received: | Entered: |