

Farmers Market Infrastructure Improvement Project Community Operations Advisory Committee (COAC)

Member Application

Person's Name				
Business Name (if applicable)				
Mailing Address				
City	State_		Zip	
Contact Phone		□ Cell	□Work	☐ Home
Contact E-mail (required)				
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Community Category:				
□ Neighborhood Business Owner				
□ Neighborhood Resident				
□ Regular Market Customer				
□ Other				
Unlei				
Places describe your interest in nerticin	oting in th	o Communit	Operations 14	vicery Committee
Please describe your interest in particip				
and what you would bring to the discuss	Sion:			