

## Farmers Market Infrastructure Improvement Project Vendor Operations Advisory Committee (VOAC)

Member Application

Vendor Name				
Mailing Address				
City	State		Zip	
Contact Phone		□ Cell		☐ Home
Contact E-mail (required)				
Market Product Category:				
□ Produce				
□ Artisan				
□ Prepared Foods				
□ Plants				
□ Other				
Please describe your interest in par	ticipating in the	Vendor Op	erations Adviso	ry Committee and
what you would bring to the discuss	sion:			