

Bellingham Farmers Market

CRAFT COMMITTEE APPLICATION

I. General Information

Name: _____

Address: _____

Telephone:

(Home) _____

(Work) _____

(Cell) _____

E-Mail: _____

What is your relationship to BFMA? (vendor, customer, board member, etc.)

Please list all community organizations, committees or non-profit organizations you are currently involved with.

II. Interest

The BFM Craft Committee members are expected to attend all committee meetings (appx. 4-6 per year), Open House (2 per year) and to assist with the annual jury and marketing seminars. Are you committed to consistently attending these meetings and completing the necessary work involved?

Yes No

Have you been a BFMA Board Member or Committee Member before?

Yes No

If so, when and what was your experience?

Please explain your interest in joining the BFM Craft Committee.

Please provide an explanation of the primary strengths you would bring to this position and any relative experience you have.

Please describe what BFM means to you.

Thank you for your interest in helping BFM shape a successful future. The Craft Committee will review applications and inform you shortly of your committee status.

*Please return to:
Erin Boyd
Bellingham Farmers Market
112 Ohio Street
Suite 206
Bellingham, WA 98225
market@bellinghamfarmers.org*

I CERTIFY that this application (and any copy or facsimile of same) contains no willful misrepresentation and that the information is true and complete to the best of my knowledge.

Signature_____

Date_____