

Member & Vendor Application - 2024

Application Checklist						
 □ Read the Application and Producer Guide in its entirety. □ Fill out the application and email to thecoop@gorgefarmers.com or mail to: PO Box 162, Mosier, OR 97040. □ Submit a copy of all licenses required by local, state, and federal agencies for the wholesaling of your products, as well as any certificates you hold (organic, etc.) with your application. 						
Upon acceptance:	Upon acceptance:					
 Submit proof of insurance (\$1,000,000 general liability) with Gorge Farmer Collective named as additionally insured. For accepted Members, submit your membership investment of \$350 (check or bank transfer). For accepted Vendors, submit your annual fee of \$45 (check or bank transfer). Submit a farm/business biography, and photographs to be used in promotional materials. Schedule an onboarding session with us to review logistics, inventory software, etc Then welcome to GFC! May we all grow food and community, together. 						
I am applying as a:						
	☐ Cooperative Member	□ Vendor				
	APPLICANT IN	FORMATION				
Business Name:						
Contact Name:						
Mailing Address:						
Farm Address, if di	fferent:					
Email:						
Phone:						
Website:						
Social media handl	es:					

BUSINESS INFORMATION				
Business Designation: □Corp □ Sole Prop □ LLC □501(c)3 □O	Years in business:			
Sales Channels: Farmers Market CSA Produce Stand/ on farm pick up Direct to Restaurant Wholesale distributors Grocery stores Institutions (schools, hospitals, etc.)				
For farmers, fishers & ranchers	For value-a	added producers		
Do you grow/raise/fish 100% of what you intend to sell through GFC?	Describe your sourcing pra	actices for raw ingredients:		
☐ Yes ☐ No If not, please explain further:				
Describe your production practices, and/or animal welfare practices for your farm, ranch, or fishery:	Where do you process your describe how your operation regulations, and attach any	on satisfies all applicable pertinent certification(s).		
If your operation is third-party certified, please tell us for what and by whom, and provide a copy of your certificate. □ Organic □ Transitional □ Salmon Safe □GAP/GHP □ Certified Naturally Grown □ IPM □ USDA Inspected □ WSDA/ODA Inspected □Others:				
NEW! Because we proudly serve vulnerable populations through various food access programs, as well as institutional purchasers like schools & hospitals who serve vulnerable populations, we now require all produce vendors to attend a Produce Safety Alliance (PSA) training, at minimum. GFC will reimburse registration fees, and/or provide a stipend for your time as funding allows. Waivable if producer has obtained another comparable or superior food safety certification, e.g. GAP.				
☐ I have completed a PSA training or hold a food safety certifica ☐ I commit to attending a PSA training or food safety certificati				

PRODUCT INFORMATION					
What kind of farmer or food producer are you? (select all that apply)					
□ Vegetables □ Fruit □ Meat □	Dairy □ Eggs □	Fish □ V	/alue-ado	ded □ Other:	
Which GFC market programs do yo	ou intend to sell thi	rough? (se	lect all th	at apply)	
☐ Direct to Consumer ☐ Commer	cial 🗆 Institution	al □ Food	d Access	Programming	
Please elaborate on your product lisapproved on an individual basis, so					cts may be
If in the future you wish to sell products not approved via this application, you will need to seek approval from Management before your product is admitted to the website, and provide proof that any new value-added products are compliant with federal, state, county, and local jurisdiction requirements and/or licenses required to sell said new products commercially. Please plan ahead and be prepared to allow up to a month for new product approval.					
Product Name, Variety	Estimated Qty Available	Weekly	Yearly	Seasonal Availability	Approved (Internal Use Only)
Example 1: Apples, Honeycrisp	3,000#		✓	September - January	
Example 2: Kale, Lacinato	120 bunches	V		April - June, September - December	
Example 3: Beef, Ground	1,500#		✓	Year-round	

April 15, 2024

Product Name	Estimated Qty Available	Weekly	Total	Seasonal Availability Time Frame	Approved (Internal Use Only)



Acknowledgement of Agreements

As part of your application process, we require that you review our Producer Guide, which outlines our policies and procedures. We hope that this information helps to give you a better understanding of our process and that you (and your team) will be able accommodate our process along with your own operating procedures.

Within our Producer Guide are our member agreements. It is vital that you read and understand this information (along with all other sections). Please indicate with your initials that you have read and agree to follow these agreements to the best of your ability and any questions or concerns should be directed to our Executive Director or Board of Directors.

Coo	oduct Standards & Quality Agreoperative Membership Agreemode of Conduct Agreement - pg. 2 n-Compete Agreement - pg. 21	nent - pg. 19 20	
truthfully and to the	e best of your ability, you have rea	have filled out the above member application ead and reviewed the Producer Guide in its entiresphone or email with any outstanding questions or	-
Your Name (Printed):	Business Name:	
Signature:		Date:	