



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:

- 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:

<input type="checkbox"/> Cooperative Member	<input type="checkbox"/> Vendor
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APPLICANT INFORMATION

Business Name:

Contact Name:

Mailing Address:

Farm Address, if different:

Email:

Phone:

Website:

Social media handles:

BUSINESS INFORMATION

Business Designation: Corp Sole Prop LLC 501(c)3 Other:

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.)
 Other:

For farmers, fishers & ranchers

Do you grow/raise/fish 100% of what you intend to sell through GFC?

Yes No If not, please explain further:

Describe your production practices, and/or animal welfare practices for your farm, ranch, or fishery:

For value-added producers

Describe your sourcing practices for raw ingredients:

Where do you process your products? Please clearly describe how your operation satisfies all applicable regulations, and attach any 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 certification and will share proof with GFC
 I commit to attending a PSA training or food safety certification course within one calendar year of admittance to GFC



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.

- **Product Standards & Quality Agreement - pg. 8-9**
- **Cooperative Membership Agreement - pg. 19**
- **Code of Conduct Agreement - pg. 20**
- **Non-Compete Agreement - pg. 21**

Lastly, by signing below you acknowledge that you have filled out the above member application truthfully and to the best of your ability, you have read and reviewed the Producer Guide in its entirety and you have contacted our Executive Director via phone or email with any outstanding questions or concerns.

Your Name (Printed): _____ Business Name: _____

Signature: _____

Date: _____