

NEW MEMBERSHIP NUMBER _____ (office use only)



DATE:

Your Information:

First Name: _____ **Surname:** _____

Address: _____

Suburb: _____ **Postcode:** _____

Contact Telephone: (+61) _____

Email

Address:

About You:

Age Range: Under 25 25-34 35-49 50-64 65+

Household: Family Couple Single Other

Why do you shop at the Market: To buy South Australian

To interact with Producers To support Farmers/Producers

Variety Quality of Produce Shopping Experience

How did you hear about the Market: Word of Mouth Social Media

Signs Flyers Media Coverage Driving Past Other

Advertising If so, what type of advertising _____

Do you know anyone that may be interested in having a stall at the farmers market? If so, do you have their contact details _____

MtPFM only uses members' email addresses to send out information regarding MtPFM information on special member offers, newsletter and updates. Members details are otherwise kept private & confidential & will not be distributed to any other party or organisation

Staff Use Only

Cash Credit Card Direct Debit Email Thank You

Stallholder Referral by _____