**Minnesota Farmers’ Market Association**

**Board of Directors Nominee Form 2017**

**Personal Information**

Your name:

Home Mailing Street Address:

City:       State:       Zip:

Home phone: (       )       Cell phone: (       )

Work phone: (       )

**Current Work Position**

Organization/Business Name:

Title:

Check your current farmers’ market affiliations (please check all that apply):

Farmers’ Market Vendor, actively farming

* + - What do you sell at farmers’ market?

Farmers’ Market Vendor

* + - What do you sell at farmers’ market?

Farmers’ Market Manager

* + - Name of Farmers’ Market:

Local or state government agency:

Industry providing services or products relevant to farmers’ markets:

Nonprofit organization:

Other (please explain):

Have you ever been affiliated with a group other than the ones checked above? For example, were you at one time a farmer / vendor but now manage a market, etc.? Please explain these previous roles, if applicable:

**Qualifications for Office**

1. Number of years in the farmers’ market field:
2. State briefly how you think your experience, ideas or connections could help MFMA fulfill its mission and vision.
3. What do you see as the top three obstacles to the sustainability of Minnesota farmers’ markets?
4. What do you see as the top three opportunities for Minnesota farmers’ markets?
5. What do you hope to gain from serving as a member of the MFMA Board of Directors?

1. Please list the names of other relevant organizations to which you are a current member:

1. Please describe any relevant past experience with the following: fundraising, policy work, grant writing, law, organizational management, corporate leadership, farmers’ markets in corporate or hospital environments:

1. Can you agree to honor the responsibilities as stipulated in the MFMA Board of Directors Expectations, and do you agree to adhere to the MFMA Board of Directors Conflict of Interest Policy?

Yes

No

1. Please provide a 1-2 paragraph bio that can be presented publicly on the slate of candidates to the MFMA membership.

1. Please return this form to the Nominations Committee at [info@mfma.org](mailto:info@mfma.org) or MFMA, 9800 155th Street East, Nerstrand MN 55053.