



2025 Farmer Application

Name: _____
First Middle Last Suffix

Birth date: _____

Race/ethnicity: Not Hispanic or Latino Hispanic or Latino

First American/Alaskan Native, if so, tribal affiliation? _____ Citizenship/CDIB: Yes No

Other: _____

Mailing address: _____
Street City County State ZIP

Farm address: _____
Street City County State ZIP

Business phone: (____) _____ Cell phone: (____) _____

Email address: _____

Directions to farm/growing location(s): _____

Are you authorized to accept SNAP benefits? Yes No If yes, date authorized? _____ SNAP no.: _____

Of the produce you sell, what percentage do you grow? _____%

Do you buy the produce from another grower? Yes No

If yes, list produce: _____

List name of grower, contact information and location where produce is grown: _____

Do you purchase any food items from a wholesale distributor? Yes No

If yes, what and from whom? _____

Gross food sales for last year: _____ SNAP food sales: _____

Would you like to receive information from the Chickasaw Nation via text message? Yes No

If yes, list phone number: (____) _____

Would you like to receive information from the Chickasaw Nation via email? Yes No

If yes, list email address: _____

Would you like to have your contact information listed in the WIC and Senior Farmers' Market Farmer's Guide?

Yes No If yes, list the information: _____

Farmers Market Yes No

Market name and location: _____

Market days: _____ Market times: _____

Additional market name and location: _____

Market days: _____ Market times: _____

Produce/Farm Stand Yes No

Produce stand name and location: _____

Produce stand address and phone number: _____

Produce stand days: _____ Produce stand times: _____

Additional produce stand name and location: _____

Produce stand address and phone number: _____

Produce stand days: _____ Produce stand times: _____



Photo Release Form

I hereby grant the Chickasaw Nation permission to interview me and/or to use my likeness in photograph(s)/video in any of its publications and in any other media, whether now known or hereafter existing, controlled by the Chickasaw Nation, in perpetuity, and for other use by the tribe.

I will make no monetary or other claims against the Chickasaw Nation for the use of the interview and/or the photograph(s)/video.

Date: _____

Name: _____
First Middle Last Suffix

Signature: _____

Relation to subject (if subject is a minor): _____

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Phone no.: (____) _____ Email address: _____

Requested by: _____

Event/project: _____

