



STATE OF MAINE
DEPARTMENT OF AGRICULTURE, CONSERVATION & FORESTRY
 AGRICULTURAL RESOURCE DEVELOPMENT
 28 STATE HOUSE STATION
 AUGUSTA, MAINE 04333-0028

JANET T. MILLS
GOVERNOR

AMANDA E. BEAL
COMMISSIONER

Maine Senior FarmShare Program
DESIGNATION OF PROXY FORM

Farmers are required to mail the original signed proxy form to the MSFP office. Farmers should also retain a copy of this form for their records.

The Maine Senior FarmShare Program (MSFP) allows for the use of authorized representatives (proxy/s) to apply for certification; shop at a farmers' markets or farm stands; and/or pick up eligible foods from a participating farmer or authorized agent; and/or receive deliveries; on behalf of a senior who is unable to perform these actions at any point during the Maine Senior FarmShare Program's period of operation.

NAME OF FARM: _____

I, _____

Print Senior Name

Senior Signature

authorize any names listed below to act as my authorized representative (proxy/s).

 Print Proxy Name

 Proxy Signature

 Print Proxy Name

 Proxy Signature

 Print Proxy name

 Proxy Signature

 Print Proxy Name

 Proxy Signature

The participant and the proxy(s) must sign this form BEFORE the proxy performs ANY actions on the participant's behalf (including applying for participation).

My signature above authorizes my proxy(s) named above to apply for certification to participate in the Maine Senior FarmShare Program; shop at a farmers' markets or farm stands; and/or pick up eligible foods; and/or receive deliveries from a participating farmer or authorized agent on my behalf, anytime I am unable to perform these actions for myself.

This institution is an equal opportunity provider.

DONNA MURRAY
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