



**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 retain the original signed proxy form for a minimum of three (3) years.**

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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