



2011 Member Application

Farm/Business Name: _____

Farm/Business Location: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website: _____

Mailing Address if different from business address:

City: _____ State: _____ Zip: _____

List of products: _____

Sold at:

_____ farm _____ farmers markets – please list: _____

_____ wholesale _____ CSA _____

_____ other (list) _____

*Attach 2009-2011 crop plan if a new CFF member.

***Mail application and \$80 membership fee to:**

Connecticut Farm Fresh Cooperative Association, Inc.

P.O. Box 1217

Southbury, CT 06488

Any questions? Ask us at: 860-951-8459 or info@ctfarmfresh.org