Print Form

PRODUCER / PROVIDER
Membership Application

I am a : ☐ Farmer ☐ Wholesale Distributor ☐ Farmers' Market Manager

Company Name:

Street Address:

City/State/Zip:

Phone:

Website:

Contact Name:

Title/Position:

Email: **Cell Phone:**

Brief Description of Company:

Seasons I Sell CT Grown Products:

☐ Winter (Dec/Jan/Feb) ☐ Spring (Mar/Apr/May) ☐ Summer (Jun/Jul/Aug) ☐ Fall (Sep/Oct/Nov)

Types of CT Grown Products:

☐ Meat ☐ Seafood ☐ Poultry ☐ Eggs ☐ Dairy ☐ Produce

☐ Maple ☐ Honey ☐ Wine ☐ Other (what?)

CT Grown Product Details:

Wholesale Pricing Offered? ☐ Yes ☐ No

Delivery Terms: ☐ Not offered