

# Shelton CT Farmers Market Valley Sprouts Club

## 2024 Membership Application

Select annual membership type:

\_\_\_\_\_ \$5 Single Child

\_\_\_\_\_ \$10 Unlimited Children (from same family)

Child Name(s): \_\_\_\_\_

Parent/Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please email completed application to: [SheltonCTFarmersMarket@gmail.com](mailto:SheltonCTFarmersMarket@gmail.com)

Make check payable to: **Shelton Farmers Market Association**

Mail check to:

Randy Rogowski  
247 Waverly Road  
Shelton, CT 06484