



## CSA Membership 2010 | 20 weeks, June 18 - October 29

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Name: \_\_\_\_\_

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

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_

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Please make checks payable to: **Robert Treat Farm**

I understand there will be no credit given for missed weeks,  
and will make arrangements accordingly if I am unable to pick up my share.  
There will be no substitutions for items.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Thank You!*

**Mail completed form with your check to:**

Robert Treat Farm  
CSA Department  
204 Chapel Street  
Milford, CT 06460