



# Garden Meadow Farm Application

Member Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Do you prefer to pick up your vegetables at the **Farmstand** on Wednesdays or Saturdays (circle)?

What time of day is best for you: before 9 am, noonish, or after 5 pm (circle)?

## Member Signature

**Signing this agreement means** you agree to participate in Garden Meadow Farm's CSA during the 2017 growing season.

- **You** agree to pay \$400 for the cost of the season when signing this form.
- **You** will receive 20 weeks of fresh vegetables throughout the growing season.
- **You** will have the chance to learn more about the food you are receiving and the growing process.

Your signature below means that you accept the responsibilities listed above and you accept the benefits and risks that come with supporting a CSA program.

Member's Signature \_\_\_\_\_