

Milkweed Farm

CSA Member Application: 2018 Growing Season

Please print out and send to:

**Milkweed Farm
63 Gott Lane
Brunswick, ME 04011**

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE NUMBER: _____

CSA SHARES: *Please place a check by the share you would like.*

_____ FARMSTEAD SHARE \$600/6 Weeks

_____ VEGAN FARMSTEAD SHARE \$375/6 Weeks

_____ MEDICINAL HERB SHARE \$125/6 Weeks

PAYMENT: *We accept cash and checks. Please enclose the full amount due upon sending in your application.*

_____ **Total Amount Enclosed**

FARMER'S PLEDGE

The Farmers at Milkweed Farm endeavor to grow a bountiful diversity of produce, and we work hard to ensure an abundance of food is distributed to our members throughout the season. We are committed to our work and seek to build a strong and healthy community rooted in our farm.

MEMBER AGREEMENT

As a member of Milkweed Farm, I am aware of the inherent risks involved in farming, and that each season brings its own benefits and challenges. I am willing to share in both the risks and benefits with the farmers. I understand that CSA shares are not refundable, and that it is my responsibility to pick up my share at my specified site and time, or to send someone in my absence.

Signature _____ Date _____

