

Share Life Farms CSA Member Application 2010 (11th year of CSA)

Name: _____ Phone Number: _____

Address: _____ Cell Number: _____

City: _____ State: _____ Zipcode: _____ Work No: _____

Email: _____

I would like to be a member of Share-Life Farms Community Supported Agriculture Program. I understand that the farm workers will do their best to supply me with a variety of produce throughout the season. I also accept the risk inherent to farming that production may not be all that was hoped for and I might have to supplement my share at times from the farmer's market.

I agree to make every effort to pick up my share each week during the assigned time. If I am going to be late, I will call Share-Life Farms on their mobile phone as soon as possible to inform them of my situation. If I am going to be gone a certain week or weeks, I will let Share-Life Farms know at least a week in advance so they will not prepare my share for that time period. I understand there will be a charge each week when picking up the share, and the cost will vary depending on what is in season that week. Enclosed is my \$40.00 membership fee for the 2010 harvest season.

(Please sign) _____

Thank you so much for your interest in Share-Life Farms. Please mail your application and membership fee to the address below. If you would like to visit the farm before deciding, please give us a call. If you would like to take advantage of volunteer opportunities ranging from passing out brochures to helping out on the farm, please give us a call. We look forward to hearing from you.

Certified Organic by OneCert Missouri
Share-Life Farms, Jim Thomas, Jr.
21302 185th Rd
Marshall, Mo 65340
(660) 886-3936
(660) 815-0729