

2019 CSA Application

Shareholder(s):

NAME:

ADDRESS:

TOWN:

ZIP:

PREFERRED PHONE NUMBER

EMAIL ADDRESS

Harvest Share Pick Up Options

Small Share \$360.00 Tuesday 1-7pm Thursday 1-7pm Friday 1-7pm

Full Share \$560.00 Tuesday 1-7 pm Thursday 1-7pm Friday 1-7 pm

We accept cash or check payable to Lawndale Farm.

TOTAL DUE: \$ _____

CSA Shareholder Agreement:

I hereby purchase a farm share in the Lawndale Farm CSA for the 2019 growing season. I acknowledge and agree that, although Lawndale Farm is committed to providing high quality produce throughout the growing season there are risks in agriculture (e.g. poor weather, drought, disease, early frost and crop failure etc.) that are ultimately shared by the members and the farm. I acknowledge and agree that there is no guarantee of the exact amount or types of produce that i will receive in my share. I understand that I or my representative am agreeing to pick up my share each week on the day and time that I choose.

SIGNATURE: _____ DATE: _____