

CSA 2010 Membership Form

Name

Address

Phone (day/night) _____ / _____

E-mail _____

Family Share _____ \$550 / 20 weeks (June 8-October 22)

Single Share _____ \$325 / 20 weeks

Bi-Monthly Single Share _____ \$165/10 weeks(June 15-Oct22)

Pick up days and locations:

_____ Tuesdays 2 - 6 PM in North Easton

_____ Wednesdays 2 - 6 PM at Haines Park

_____ Thursdays 1 -5 PM at Oakdale Farm

_____ Fridays 2 - 6 PM at Colt State Park

Total amount due \$ _____

Please make checks payable to Oakdale Farms.

I would like to become a member of the Oakdale Farms CSA. I understand that I am committing to the 2010 growing season and shall share the risks and rewards of the CSA. I also understand that it is my responsibility to pick up my share each week on the designated day. Payments are non-refundable, but memberships are transferable.

Signature

Date
