
SHARED ACRES MEMBERSHIP CONTRACT ~ 2012 SEASON

Name(s) _____

Address _____

Street _____ City _____ Zip _____

Phone _____ E-Mail _____

I/We commit to being a shareholder with Shared Acres CSA for a 24 week 2012 season. I/WE understand that each share entitles me/us to receive 2-4 sides for 2 adults in off peak weeks (Middle of May through middle of June and September through October) and 4-8 sides during the peak growing period (Middle of June through August), plus herbs, fruits, and flowers as available. I/We also understand that the variety of vegetables received is dependent on growing conditions and I/we share the risks and benefits of the harvest. I/We understand that as a shareholder, it is my/our responsibility to stay informed of CSA announcements each week either through e-mail, website, or visiting the farm.

Member(s) signature _____ Date _____

_____ Date _____

____ I/We would like purchase my/our membership and will pay:

____ \$300 per share in full upon joining before March 1st

____ \$325 per share in full upon joining after March 1st

____ \$25.00 upon joining and \$60.00 per share due through the months
of May through October

All checks should be made payable to Shared Acres. Full payment is due upon joining. Monthly installments require a non-refundable \$25.00 payment upon joining. Monthly payments will be due the first pick up of each month.

____ I/We will come to the farm to pick up our weekly produce at the designated time unless other arrangements have been made prior to the designated pick up time.

____ I/We understand that produce which is not picked up at the designated times will be donated appropriately unless other arrangements have been made.

Welcome to Shared Acres CSA. You may contact us at 1-866-512-1451 or by e-mail at www.sharedacres.com

Send Checks Payable to:
Shared Acres 4165
Cork-Bocktown Road
Clinton, PA 15026