

Community Supported Agriculture 2022 Membership Form

First name		Last name			
Street _					
City _			State	Zip	
Phone _					
Email					
P	Please print email ado	lress clearly, as this is the	only method o	of communication	on.
SUMMER (Jui	ne, July, & August)	please indicate your pa	ayment choice		
	ON-FARM	Invoice for ACH	Paid in full	Deposit	
		(farm's preferred option)	credit card	credit card	
	Full share	\$610 to be billed	\$610	\$305	
	Half share	\$405 to be billed	\$405	\$202.50	_
	LABYRINTH	Invoice for ACH	Paid in full	Deposit	7
		(farm's preferred option)	credit card	credit card	
	Half share only	\$405 to be billed	\$405	\$202.50	
FALL (Octob	er & November)				
`	ON-FARM	Invoice for ACH	Paid in full	Deposit	
	- 11 1	(farm's preferred option)	credit card	credit card	
	Full share Half share	\$380 to be billed \$255 to be billed	\$380 \$255	\$160 \$127.50	
	Tiali Silate	\$233 to be billed	\$233	\$127.50	
	LABYRINTH	Invoice for ACH	Paid in full	Deposit	
	Half share only	(farm's preferred option) \$255 to be billed	credit card \$255	credit card \$127.50	
	Trail Share Only	\$233 to be billed	φ <i>233</i>	φ12(1.50	
A minimum o	Cloverle	send this completed form to: clo eigh Farm 448 Jonathan Trumb	ull Hwy Columbic	ı, CT 06237	28th Daymont plan
		quired to reserve your sh mbership may be forfeite			
SELECT PICE	K UP DAY & TIME:	WEDNESDAYS	3-6pm at the	farm	
		THURSDAYS 5	_		Co. Manchester
		SATURDAYS 9a	. ,	0	
			r		
		he day you select. If you w nge your pickup day for tha			
Cloverleigh Fa	ing a member of the	r a generous supply of di farm requires that I und			
Member Signa	ature			Date	