



# Local Harvest CSA

Contact info: (c) 731-5955 • csa@localharvestnh.com



## 2012 MEMBERSHIP FORM

Please complete this application and mail with your check, payable to "Local Harvest CSA" to:

Local Harvest CSA • 75 South Main Street • Unit 7 • PMB 518 • Concord, NH 03301-4828

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Can we share your info with our farmers?  No  Yes

First time joining? How did you hear about Local Harvest CSA? \_\_\_\_\_

### Pick a Season and a Share!

Sign up for one, two or three seasons—any single season or combination of your choice.  
You may pay in full up front or make installment payments.

"Single" shares feed two people in one household, or can be split between different households  
"Family" shares feed up to two adults and two children, or can be split with other households

#### SPRING "GREENS LOVER" SHARE (3 Weeks • May 23–June 6)

- Spring Greens Single..... \$ 85
- Spring Greens Family..... \$132

#### SUMMER ABUNDANCE SHARE (18 Weeks • June 13–October 10)

- Summer Single..... \$535
- Summer Single + 1 Loaf..... \$625
- Summer Family..... \$795
- Summer Family + 2 Loaves..... \$975

#### FALL HARVEST SHARE (5 Weeks • October 17–November 14)

- Fall Single..... \$150
- Fall Single + 1 Loaf..... \$175
- Fall Family..... \$225
- Fall Family + 2 Loaves..... \$275

#### PAYMENT DEADLINES

- **All Seasons Discount**—Sign up for *all three* season shares, pay in full by **February 28** and take \$25 off your total price.
- **Installment Payments**—If paying in two installments, the first payment is due two *months prior* to the beginning of the season and balance is due by the *first day* of the season.
- **Full Payments** are due by the date the season starts (see above).
- **Individual Seasons** You may apply and pay by season, following deadlines above.
- **Payment Plans** are possible, please ask.

AMOUNT ENCLOSED \$ \_\_\_\_\_  Full Payment  First Installment

#### CSA USE ONLY

Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Check Date \_\_\_\_\_  Paid in Full

Payment Plan Details \_\_\_\_\_ Authorized by \_\_\_\_\_