

SOUTH SHORE CSA

2016 Member Application

To become a member of the SOUTH SHORE CSA for the 2016 season, print, fill out, and mail a copy of this form, along with a check or money order (made out to "SOUTH SHORE CSA") to:

South Shore CSA c/o Alyce Sparandero, 3 Craig Avenue, Staten Island, NY 10307

For more information, visit www.southshorecsa.org or email SouthShoreCSA1@gmail.com

Full Name (Print) _____

Email _____

Phone Number (primary) _____

Phone Number (secondary) _____

Address _____

City _____ State _____ Zip _____

PLACE YOUR VEGETABLE ORDER:

Early Bird Price: \$597 if purchased before March 1, 2016 - # of shares _____

Regular Price: \$622 if purchased between March 1 & April 30, 2016 - # of shares _____

Late Price: \$647 if purchased between May 1 & June 5, 2016 - # of shares _____

PLACE YOUR FRUIT ORDER:

Regular Price: \$215 can be purchased up until July - # of Shares _____

I am interested in a FALL EXTENSION (circle one): YES _____ NO _____ MAYBE _____

CSA APPLICATION AGREEMENT: I would like to participate in the SOUTH SHORE CSA for the 2016 growing season. By signing this agreement, I understand the inherent risks such as weather and other factors that are beyond the control of Farmer John Krueger, the Circle Brook Farm and the SOUTH SHORE CSA that may result in more or less of the crops or quantities indicated on the SOUTH SHORE CSA website. I understand that it is my responsibility to meet the minimum requirement of service of 5 hours per season to the SOUTH SHORE CSA and it is my responsibility to coordinate with the Volunteer Coordinator to make alternative arrangements if I cannot fulfill this requirement. I understand that shares are limited and available on a first come, first serve basis, and that the cost of shares is non-refundable. I also understand that if I am unable to pick up my share, it is my responsibility to make alternative arrangements.

Signature: _____ Date: _____

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FULL NAME (PRINT): _____

WORK REQUIREMENT: For each share purchased from the SSCSA there is a mandatory requirement of 5 hours equal to 2 work distribution days to fulfill membership requirements. Please select 5 dates that you can commit to work for the SSCSA 2016 season. A schedule will be processed and shared with all members a few weeks before the first delivery date. **NOTE: IF YOU DO NOT COMPLETE THIS PORTION OF THE APPLICATION, YOUR APPLICATION WILL NOT BE PROCESSED.**

June	July	August	September	October	November
9	7	4	1	6	3
16	14	11	8	13	
23	21	18	15	20	
30	28	25	22	27	
			29		

1st Choice _____

2nd Choice _____

3rd Choice _____

4th Choice _____

5th Choice _____

Are you interested in doing a cooking demo for the CSA? YES _____ NO _____