

CIDER HILL FARM

CSA 2019 MEMBERSHIP FORM

Name: _____

Mailing Address: _____

Telephone: _____ Cell: _____

E-Mail: _____

Pick-up Dates: CSA will begin *Wednesday June 12, 2019*, and finish on *Wednesday October 09, 2019*, lasting 18 weeks.

Full Share - \$600 ____ (X if this is your selection)

Half Share - \$375 ____ (X if this is your selection)

Fruit Share - \$350 ____ (X if this is your selection)

Please choose a payment schedule:

Check for full payment enclosed: _____

Check for ½ payment enclosed: _____ (option only for FULL share)

We would like full payment for **half/fruit shares by April 1**, while full shares may do a partial payment at that time, and **final payment by June 1, 2019**.

Pick-up will be **Wednesday ONLY**, pick-up is available:

Full service 11am – 6pm and Self-Serve 6pm – 9pm

If you cannot make the pick-up, you have the option to designate another party to pick up your share. We cannot credit the share for the following week(s), or carry them past 9pm Wednesday.

Signature of Shareholder: _____

Date: _____

Please make checks payable to *Cider Hill Farm* and send to:

Cider Hill Farm, 45 Fern Avenue; Amesbury, MA 01913

***Please write CSA on the envelope