



2021 Community Supported Agriculture (CSA) Membership Form

Name _____

Address _____

City, State & Zip Code _____

Phone Number _____

Primary Email _____

Additional Email Address _____

Share Option *(please select one)*

- ~~Complete Season Full Share (until 3/20/21) - \$495~~
- ~~Complete Season Full Share (after 3/20/21) - \$536~~
- ~~Complete Season Small Share (until 3/20/21) - \$320~~
- ~~Complete Season Small Share (after 3/20/21) - \$336~~
- ~~Summer Season Full Share - \$312~~
- ~~Summer Season Small Share - \$198~~
- Fall Season Full Share - \$234
- Fall Season Small Share - \$149

Add-On Options *(must purchase a CSA share to be eligible)*

- ~~Local Free Range Eggs Complete Season Bi-Weekly - \$40~~
- ~~Local Free Range Eggs Summer Season Bi-Weekly - \$24~~
- Local Free Range Eggs Fall Season Bi-Weekly - \$16
- ~~Fresh Cut Flower Bunch (8 weeks: 7/6/21-8/25/21) - \$70~~
- ~~Local Cheese Complete Season Bi-Weekly - \$77~~
- ~~Local Cheese Summer Season Bi-Weekly - \$42~~
- Local Cheese Fall Season Bi-Weekly - \$35

Total of all Share Option(s) + Add-On Option(s) selected \$ _____

Did you participate in our 2020 CSA Program? *(circle)* Yes or No

If this is your first year participating in our CSA, let us know how you heard of our Program: _____

Pickup Location: Miller Plant Farm (garden center) 430 Indian Rock Dam Road, York, PA 17403

Pickup Days: Full Share picks up every Wednesday between the hours of 10:00am and 6:00pm

Small Share picks up every Tuesday between the hours of 10:00am and 6:00pm

CSA Shareholder Agreement

I understand that payment for a share of the Miller Plant Farm Produce CSA entitles me a share of fruits and vegetables from Miller Plant Farm and cooperating local farms. This is a commitment between myself and Miller Plant Farm produce CSA, and I recognize that I will share in the risks of the growing season along with other members and the farmer. It is my responsibility to pick up my share on time. I understand that pick-up times will be assigned based on the share I have chosen. For optimum quality and freshness every effort should be made to pick up on your scheduled day. If I do not pick up my share or have someone pick it up for me within 24 hours of my assigned time, my share will be donated elsewhere. I also understand my payment is non-refundable.

Signature _____ **Date** _____

Mail completed form + payment to:

Miller Plant Farm
ATTN: CSA Program
430 Indian Rock Dam Road
York, PA 17403

Email any concerns: info@millerplantfarm.com

Website with online registration + CSA FAQ's: www.millerplantfarm.com/csa

Thank you for trusting us to grow your food!