

2010 AGREEMENT FORM

Primary Shareholder

(name must be included on all checks)

Share Partner(if any)

(Name: Last, First)

(Name: Last, First)

(Street Address, Apt #)

(Street Address, Apt #)

(City, State, Zip)

(City, State, Zip)

(Telephone Number)

(Telephone Number)

(E-Mail)

(E-Mail)

Membership Commitment

Sliding Scale Fee: I pledge to purchase a share of the harvest at (please circle):

\$475 \$525 \$575

*Unless you consider yourself low income, please select at least the middle of the fee range.

*If you split the share, please select a payment of \$525 or above due to added recordkeeping.

Please Check Payment Option:

_____ Full payment of _____ is enclosed.

_____ I opt for the payment plan. Enclosed is a check for \$150.

\$200 Payment is due January 15th, 2010 Final Payment is due in full by May 31st, 2010

PLEASE MAKE CHECKS PAYABLE TO MOUNTAIN VIEW FARM

393 East Street, Easthampton, MA 01027

ph: 413.329.0211 e-mail: mountainviewfarmer@hotmail.com

Distribution Day:

_____ I select MONDAY from 1PM – 6:30PM as my pick up day

_____ I select WEDNESDAY from 1PM – 6:30PM as my pick up day

_____ I select FRIDAY from 1PM – 4PM as my pick up day

I understand that this is a Community Supported venture and that, although the farmer is committed to the best of his ability to provide high quality produce, there are risks in agriculture which need to be shared by the whole community. I also understand that it is my responsibility to pick up my share at the farm each week throughout the 2010 growing season.

Signed _____ Date _____

