

**HighCrossFarm 2010 CSA Membership Form**

Please print and mail with your payment to:

HighCross Farm  
2010 CSA Program  
W2292 Rustic Drive  
Campbellsport, WI 53010-3126

*Please read carefully and fill in all relevant blanks.*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

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

Renewal \_\_\_\_\_ New Member \_\_\_\_\_

Sign-up date \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

At which drop-off site will you be picking up your share? \_\_\_\_\_

**CSA Agreements:**

HighCross Farm will provide each pre-paid CSA member with a weekly box of farm fresh produce for each of 20 weeks starting Thursday, June 3, 2010 and ending Thursday, October 14, 2010.

As a HighCross Farm CSA member, I understand that I am sharing in the risks of farming concerning weather and other variables which may affect the quantity and/or variety of items actually distributed to me throughout the growing season.

I understand that it is my responsibility to retrieve my box from the pickup site in a timely manner and to take care of and return the empty box for reuse each week (and I will be careful to not tear the flaps, as described on the HighCross Farm website CSA FAQ page).

I understand that I am signing up for all 20 weeks of the season and will make arrangements to have my box picked up by others in the event I am not available or on vacation, or I will ask that it be donated to a food pantry or to a family in need.

If I am not completely satisfied with my membership for any reason, I will receive a full refund for the remainder of any prepaid weeks.

Signature \_\_\_\_\_

Date \_\_\_\_\_

