



'FARM-TO-CITY' CSA
APPLICATION FORM

Tiny's Organic CSA Program 2009
A Farm Family Growing For You



www.TinysOrganic.com

100% ORGANICALLY GROWN AND CERTIFIED BY WSDA AND USDA
MEMBERSHIPS LIMITED. AT CURRENT SIGNUP RATES, MEMBERSHIPS WILL BE SOLD OUT BY APRIL 15, 2009
TO APPLY BY PHONE, CALL 206.762.0577 OR PRINT THIS FORM AND MAIL TO:
TINY'S ORGANIC, PO BOX 4303, WENATCHEE, WA 98807 OR FAX TO: 206.762.4630 (members who have signed up by phone please complete the red text portions of this form to complete membership agreement and send to PO Box 4303, Wenatchee, WA 98807)

I AM A RETURNING MEMBER I AM A NEW MEMBER

Please **CIRCLE** plan of your choice.

CSA PRICING 2009 (Please **CIRCLE plan of your choice)**

22 WEEK SCHEDULE. PICK UP YOUR FIRST BAG ON JUNE 17, 2009

	FULL SEASON SHARE		HALF SEASON SHARE	
OUR BEST VALUE!	BY CHECK	CREDIT/DEBIT	BY CHECK	CREDIT/DEBIT
PAY BY JUNE 5, 2009	*\$990.	*\$1,049	\$561	\$595
AFTER JUNE 5, 2009	\$1,056.	\$1,119	\$561	\$595

PLEASE NOTE: MEMBERSHIPS LIMITED. DON'T BE DISAPPOINTED. SIGN UP EARLY.
*ELIGIBLE FOR TWO-PAYMENT PLAN: SEND IN TWO EQUAL PAYMENTS, ONE CHECK WITH TODAY'S DATE AND SECOND CHECK DATED ON OR BEFORE MAY 1, 2009. CREDIT CARD OKAY FOR TWO-PAYMENT PLAN. WE'LL BILL YOUR CARD FOR SECOND PAYMENT ON MAY 1, 2009.

FOR HALF SEASON MEMBERSHIP, PLEASE CHECKMARK YOUR CHOICE:
___ FIRST HALF JUNE 17-AUG 26 ___ SECOND HALF SEPT 2-NOV 12
TWO-PAYMENT PLAN VALID FOR FULL-SEASON MEMBERSHIPS ONLY

PLEASE PRINT VERY CLEARLY. THANK YOU!

NAME _____ EMAIL ADDRESS _____
PHONE 1 _____ PHONE 2 _____

I paid by phone. This is my membership acknowledgement agreement.

SITE I WILL PICK UP MY BAG _____ SITE LOCATIONS, CLICK HERE: www.TinysOrganic.com

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PAYMENT OPTIONS

PAYMENT BY CHECK

- FULL AMOUNT. ONE CHECK \$990. (enclosed)
- FULL AMOUNT. TWO CHECKS EQUAL PAYMENT PLAN (both checks must accompany application)
NOTE: TWO-PAYMENT PLAN VALID FOR FULL-SEASON MEMBERSHIPS ONLY.
CHECK #1 \$495. ENCLOSED CK # _____ WITH TODAY'S DATE
CHECK #2 \$495. ENCLOSED CK # _____ DATED _____ (must be dated May 1, 2009 or earlier)

PAYMENT BY CREDIT CARD : VISA MASTERCARD

- FULL PAYMENT BY CREDIT/DEBIT CARD. PLEASE BILL \$1,049. TO MY CARD.
- TWO EQUAL PAYMENTS BY CREDIT/DEBIT CARD.
Bill my card now for \$525. Bill my card on May 1, 2009 for \$524.

NAME ON CARD: _____ CARD # _____ EXP _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

CARDHOLDER SIGNATURE: _____

CONTRACT

I agree to participate in Tiny's Organic Farm CSA for the 2009 season. I understand I am making a commitment to purchase and pay for the plan checkmarked above. I also understand this is a non-refundable commitment and if I do not pick up my bag at the designated day and time for any given week, I give permission for Tiny's to donate my bag to a local Seattle food bank for that week.

PRINT NAME _____

MEMBER SIGNATURE _____ DATE _____

HOW I HEARD ABOUT TINY'S CSA PROGRAM (optional) _____

MAIL FORM TO: TINY'S ORGANIC, PO BOX 4303, WENATCHEE, WA 98807

www.TinysOrganic.com • OR IF YOU PREFER, SIGN UP BY PHONE 206.762.0577

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