



## APPLICATION FORM

# Tiny's Organic CSA Program 2008

*A Farm Family Growing For You*

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)

**Please checkmark  the plan of your choice and checkmark  how you're paying.**

**OUR BEST VALUE** (SIGNUP ON OR BEFORE APRIL 30, 2008) Space may be limited as we approach the season. If you plan to sign up, it's best to do it as soon as possible to avoid disappointment later.

**CSA BAG Full Share \$924. Start June 18, 2008 for 22 weeks.**

Pickup Wednesdays at all locations (works out to \$42 per week. Ideal for 2-4 people. \$990 after 4/30/08)

**-OR-**

### TWO HALF-SEASON PLANS ALSO AVAILABLE

Half Season **EARLY HARVEST SHARE**: Start June 18 for 11 weeks: \$528  
(works out to \$48/week)

Half Season **LATER HARVEST SHARE**: Start Sept 3 for 11 weeks: \$528  
(works out to \$48/week)

NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PHONE 1 \_\_\_\_\_ PHONE 2 \_\_\_\_\_

I'm paying by  check  credit card

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

**SITE I WILL PICK UP MY BAG** \_\_\_\_\_

[CLICK HERE TO VIEW PICKUP SITE LOCATIONS](#)

**PAYMENT METHOD:**  VISA  MASTERCARD

NAME ON CARD: \_\_\_\_\_ CARD # \_\_\_\_\_ EXP \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_

**CHECK (enclosed) mail to: TINY'S ORGANIC, PO BOX 4303, WENATCHEE, WA 98807**

### CONTRACT

I agree to participate in Tiny's Organic Farm CSA for the 2008 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) \_\_\_\_\_