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**Provider Farm 2019  
CSA Enrollment Form**

Please print clearly. Make checks out to Provider Farm.

Share member contact information:

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

Email: \_\_\_\_\_

Please select share size:

Salem on farm pick up \_\_\_\_\_ Small \$505 \_\_\_\_\_ Regular \$630 \_\_\_\_\_ Large \$755

Terra Firma Farm pick up \_\_\_\_\_ Small \$475 \_\_\_\_\_ Regular \$655

A deposit of \$200 with your enrollment form will hold your space. The remaining balance will be due by May 15. We welcome total payment now to reduce our billing paperwork.

Amount enclosed \_\_\_\_\_

Please note we will conduct all our communication through email unless you instruct us otherwise. Please put us (kerry@providerfarm.com) in your address book so we do not end up in your spam file.

I understand that this is a Community Supported Farm and I agree to share in the risks and rewards inherent in farming. This could include total crop loss which would affect share amounts and variety. I agree to pick up my share at the allotted times and location I have signed up for and pay remaining payments by due dates unless a payment plan has been arranged.

Signature \_\_\_\_\_

Please send with your deposit to:

Provider Farm  
30 Woodbridge Rd.  
Salem, CT 06420

We're looking forward to a great season with you!