

2019 Membership Form - FarmHouse Markets Co-op

521 East Uwchlan Ave, Chester Springs PA 19425
tim@farmhousemarkets.com

Complete the following and return or mail it to Milky Way Farm.

1 Member Details

- Name -
- Phone -
- Address -
- Email -

2 Three Pickup Plan Options (please circle your choice. Only choose **one** option.)

Summer (13 weeks) - \$273
Wednesdays - Jun 5th – Aug 28th
Fridays - Jun 7th – Aug 30st

Fall (8 weeks) - \$168
Wednesdays - Sept 11th – Oct 30th
Fridays - Sept 13th – Nov 1st

Both Summer and Fall (21 weeks) - \$441
Please note there are no pickups on the 4th or 6th of September.

Cash or check, payable to FarmHouse Markets.

3 Preferred Pick-up Day (please circle your choice)

- Wednesday 3:00pm - 8:00pm
- Friday 3:00pm - 8:00pm

You may choose to change your pick up day throughout the season, with email notification at least two days in advance.

4 Please bring a bag or container each week to collect your share.

5 Acceptance of Membership

By becoming a member in the Co-op program, I understand that the Co-op will provide each member with an equitable share of the freshly grown produce for the 2019 harvest season. I understand that farming is not without risks and that forces beyond the farmer's control may adversely affect the harvest. I understand that not all of the different crops will be grown on Milky Way Farm that will be included in the Co-op. I also release Milky Way Farm and FarmHouse Markets and its employees from any responsibility or liability for injuries which I, or anyone accompanying me, may incur as a result of being on the farm premises.

Signature:..... Date:.....