**NOURSE FARM 2024 CSA MEMBERSHIP**

***Visit us on the web at*:** [www.noursefarm.com](http://www.noursefarm.com)

***Contact Information*  Phone: 508-366-2644 E-Mail: jwnourse@aol.com**

1. ***Please fill in the following information:***

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | | |
| Street Address: | | | |
| City or Town: | | State: | Zip: |
| Cell Phone: | Home Phone: | | |
| E-Mail Address: | | | |

**2. *Please chose a share option. Fill in your amount in Column D and total below.***

***A. Plan Choices B. Season Price C D***

|  |  |  |  |
| --- | --- | --- | --- |
| Standard family share | $600.00 |  |  |
| Two-person share | $475.00 |  |  |
| Individual share | $325.00 |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **TOTAL:** |  |

**3. *Select your payment:*** *We prefer checks to reduce the small business fees on credit card payments.*

a. **CHECK payable to *Nourse Farm***

**Send to:** **Nourse Farm CSA 70 Nourse St., Westborough, MA. 01581-3828**

b. **CREDIT CARD:** Mastercard Visa Discover Amex

: Credit Card #: Exp. Date: CVC Code Name as it appears on card:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**4.** ***Please sign below:*** **2024 SHAREHOLDER AGREEMENT**

*I would like to join the Nourse Farm CSA program and receive my share of the harvest.*

*I understand that I will share with the bounty and the risks involved with food production.*

|  |
| --- |
| **Signature: Date:** |