

Balance Autism's Vegetable Share CSA Membership Application

Member Name _____

Address _____

Phone _____

Email _____

- Half Share Membership (\$300)
 Full Share Membership (\$525)
 Double Share Membership (\$1000)
 Employee Half Share Membership (\$250)
 Employee Full Share Membership (\$425)

- I would like my share on Tuesday
 I would like my share on Thursday

- I will pick up my share at the farm (\$0)
 I am interested in joining a drop site (\$0)

Beaverdale Books Campbell's Nutrition (Urbandale) Jasper Winery
Ankeny Strawberry Patch Southside YMCA

Amount enclosed toward total cost: \$_____ Minimum \$100 deposit with application.

- Single payment enclosed
 I'll pay installments in March, April, and May
 I will pay my balance on or before May 15th

How did you hear about Balance Autism's CSA? _____

If you have any questions, please contact the farm @ 515-957-3382 or farm@balanceautism.org.

To signup and pay online, please go to <https://www.balanceautism.org/product/csa-membership/>

Make **checks** payable to: **Balance Autism**

Please mail this form to:

Balance Autism CSA
1625 Adventureland Dr., Ste. B
Altoona, IA 50009