

Hamlet Organic Garden 2009 Membership Application

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): _____

Email: _____

Choose pickup day:

On Farm 3:30-6:30 : Monday _____ Wednesday _____ Friday _____

Bayshore 3:30-7:30: Monday _____ ****

Setauket 3:30-7:30: Wednesday _____ ****

****There is an annual \$10 box and delivery fee for Bayshore and Setauket shares****

A note about the Sliding Scale Membership Fee: Please pay what you feel is appropriate.
Payments may be made all at once or in installments with the final payment due 5/30/08

Membership Fee.....\$575--\$675

I will pay.....\$ _____

Box Delivery Fee.....\$ 10

(Bayshore and Setauket shares only)

Will you contribute to the Flying Pig Fund?

(donations to help provide low-income shares).....\$10 \$20 \$30

Total Due.....\$ _____

Amount Enclosed (\$100 minimum deposit).....\$ _____

I have read the member handbook.....yes _____ no _____

(handbook is online at www.hamletorganicgarden.org)

Please write check to:

Hamlet Organic Garden

POB 256

Brookhaven, NY 11719

Call Jill and Sean at 631-286-7068 for more information