



NOFA-VT Vermont Farm Share Program 2007 Member Application

Name: _____

Address: _____

City/State/Zip: _____

Phone/Contact #: _____ Family Size: _____ Ages: _____

Are you income eligible ? (Please refer to the guidelines below): Yes _____ No _____



*NOFA-VT uses the eligibility guideline of 185% of poverty – this year, that is equivalent to **monthly** incomes of \$1,574 for a single person, \$2,110 for a couple, \$2,647 for a family of 3, \$3,183 for 4, \$3,720 for a family of 5 and \$4,256 for a family of 6.*



How did you hear about the Vermont Farm Share Program? Please list the name of the organization and contact person, if applicable.

Why do you want to become a Vermont Farm Share participant?

If you already know, what is the name of the farm you would like to join? _____

If you don't know, we will send you the information on the farm closest to you.

How many people do you hope to feed with your CSA share? _____

Are you interested in attending any of the NOFA on-farm summer workshops this summer as a benefit of Farm Share membership? Yes _____ No _____

I understand that the NOFA-VT Farm Share Program, and the CSA farm contribute a total of 50% of the cost of the share. As a Farm Share member, I will pay or barter 50% of the cost of the Share and will work out a payment schedule with the participating farmer.

Signature: _____ Date: _____

Thank you for your interest in the Vermont Farm Share Program. Your application is confidential and will be used only by designated NOFA-VT Farm Share staff.

Please return application to:
Vermont Farm Share Program, NOFA-VT, P.O. Box 697, Richmond, VT 05477

