

**WINTER GREEN FARM – 2010 BEND MEMBERSHIP FORM**

**Yes, I would like to share in the healthy harvest!**

Fill out this form and send it in. Please feel free to call or email with any questions or comments. We would love to hear from you!

Name (primary contact) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about the farm? \_\_\_\_\_

**Will you split your share with another family? If so, please include their information:**

Name (sharer) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Please send a print brochure to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PICKUP LOCATION**  
**Wednesday – Bend Farmer’s Market, Mirror Pond Park**

**HARVEST SHARES (includes delivery)**

Standard Season (19 weeks, mid-Jun – mid-Oct) \$ 500

|  |            |
|--|------------|
| <b>DONATION TO FINANCIAL ASSISTANCE FUND</b> | \$ _____   |
| <b>DONATION TO EDUCATION PROGRAM</b>         | \$ _____   |
| <b>RETURNING MEMBER DISCOUNT OR CREDIT</b>   | – \$ _____ |
| <b>TOTAL DUE FOR SEASON</b>                  | \$ _____   |
| <b>AMOUNT ENCLOSED</b>                       | \$ _____   |

