

Shallowbrook Farm

Fresh

Remit payment to:

Shallowbrook Farm
773 Old Winchester Rd
Boyce, VA 22620
Fax 540-837-2245

2012 Shallowbrook Farm Fresh Cooperative Membership Application

Name: _____

Address: _____

City, State Zip: _____

Phone Number: _____ Home

_____ Cell

E-mail: _____

(please use the address that you use most, not just a work email)

Number of people in household: _____

Pick -up Location _____ (home delivery add \$60)

Circle one: Full Share Half Share Single Share

Payment method Check # _____

Signature _____

This signature commits me to a complete season of services from Shallowbrook Farm Fresh.