



Dragonfly Farms CSA 2010 Membership Application

Please complete the following application and send it along with your check payable to:
Dragonfly Farms P.O.Box 10 Mount Airy, MD 21771

_____ name

Spring/Summer Share \$695

_____ address

Fall Share \$495

_____ city

Spring/Summer/Fall Share \$1190

_____ state/zipcode

Premium Spring/Summer Share \$1595

Premium Fall Share \$1095

_____ phone # to send a text, if needed

Premium Spring/Summer/Fall Share \$2690

_____ email address

Mini Premium/Add-on

Spring/Summer: 18 weeks \$295

Fall: 9 weeks \$150

Spring/Summer/Fall: 27 weeks \$445

Crate fee \$25 (Not an option; please include.)

Prefer location/day/time _____

Total enclosed: _____ check #: _____

Please include the refundable crate fee in your payment. We will confirm your share once payment is received.

By signing this application, I accept that crop availability is weather dependent, fruit and vegetables are available on a seasonal basis, and the amount and quantity I receive each week is subject to harvest and growing conditions. I also agree that the weight and volume of my weekly share will vary throughout the season. I acknowledge that as a shareholder I am taking part of the risk of the farming business operation of Dragonfly Farms.

Signature _____ Date: _____

Questions? Call 240-353-8408 or email dragonflyfarms@hotmail.com
or use our contact us form on our website: dffarms.com

"you are what you eat"

Payment amount submitted _____ date _____ check # _____ location: _____