



NOFA-VT Vermont Farm Share Program 2009 Member Application

For office use:
partner farm: _____
total share value: _____
approval date: _____

Name: _____

Address: _____

Email: _____ 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 a **monthly** gross income of \$1,670 for a single person, \$2,247 for a couple, \$2,832 for a family of 3, \$3,400 for 4, \$3,976 for a family of 5 and \$4,553 for a family of 6.*

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

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

3) The Vermont Farm Share Program will subsidize up to 50% of the total CSA share value. To help our funds support as many shares as possible, please indicate if you are able to pay more than 50% of the CSA share value (see program description for more details):

4) What season you are applying for:

Summer Fall Winter Spring

5) 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.

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

I understand that the NOFA-VT Farm Share Program and the CSA farm contribute up to 50% of the cost of the share. As a Farm Share member, I will pay at least 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

