

Back Achers Farm Meat CSA

I want to _____Renew _____Become a new member of Back Achers Farm CSA.

As a member of Back Achers Farm, you are entitled to 10% off all products on Farm and at our Farmers Market Stand

Name

Address

Phone

Email (Please write clearly, we communicate via email)

Location for Pick Up/Delivery

_____ On Farm (Friday or Saturday 10-4)

_____ Clarks Summit, Hillside Park Farmers Market (Thursdays 2 PM - 6 PM)

_____ Home delivery for members in the boroughs of Sayre or Athens (Fridays-Midday)

_____ Binghamton NY, Broome County Regional Farmers Market (Saturdays 9 AM - 1 PM)

Payment

I choose category _____ and my check for _____ is enclosed for the amount
of my nonrefundable deposit.

Please mail this form with check to:

Back Achers Farm
2908 North Rome Rd. • Rome, PA 18837

_____ I understand that if the necessary installments are not made on or before the due date that
our contract is null and void and our membership is forfeited.

_____ I understand that I am responsible to make the necessary arrangements to have the
packages picked up at the appropriate time and place.

Signature