



PARTNER SHARES PROGRAM APPLICATION

Name-Last		First		Telephone Number	
Street Address			City	State	Zip Code
Household Size	Preferred Language		Email		Best way to contact you
How did you hear about Partner Shares? <input type="checkbox"/> Friend <input type="checkbox"/> CSA Farm <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Event <input type="checkbox"/> Brochure <input type="checkbox"/> Other - Please list:					
Is this your first time becoming a CSA member? <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, which years were you a CSA member? <input type="checkbox"/> 2009 <input type="checkbox"/> 2008 <input type="checkbox"/> 2007 <input type="checkbox"/> 2006 <input type="checkbox"/> 2005		

1. PARTICIPANT AGREEMENT:

As a Partner Shares participant, I certify with my signature that:

- My annual household income is within the range I checked in the Income Verification Chart to the right.
- I am not a full-time student.
- I understand that I am making a commitment to a farm, and will be responsible for picking up my vegetable share each week.
- I agree to pay MACSAC the calculated CSA share co-payment.
- I will inform MACSAC immediately, (608) 226-0300, if I am having trouble making a payment, change banking accounts, or must cancel my membership with a farm.
- I grant MACSAC the permission to use and publish photographs of me and my family at MACSAC and/or farm events for media and promotional purposes.

2. INCOME VERIFICATION CHART (based on Federal Poverty Guidelines):

Check the income range that fits your annual household income:	Household Size	Monthly Household Income
<input type="checkbox"/>	1	\$0 - \$1,670
<input type="checkbox"/>	2	\$0 - \$2,247
<input type="checkbox"/>	3	\$0 - \$2,823
<input type="checkbox"/>	4	\$0 - \$3,400
<input type="checkbox"/>	5	\$0 - \$3,976
<input type="checkbox"/>	6	\$0 - \$4,553
<input type="checkbox"/>	7	\$0 - \$5,130
<input type="checkbox"/>	8	\$0 - \$5,706
For each additional family member add \$577.		

 Signature Date

3. FARM CHOICE: *Call the farm directly to reserve your share. Include farm sign-up form with this application.*

i. CSA farm _____ Share type* (describe) _____

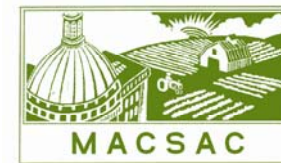
*** Only entirely vegetable shares are eligible for Partner Share discounts.**

ii. Total share cost _____

iii. Calculation of co-payment due to MACSAC**: ⇨ ⇨ ⇨

** Partner Shares can offer subsidies up to \$300 per household per year. If you need assistance determining your cost of the CSA Share, call Gini Knight at (608) 226-0300.

<p>If total share cost is less than \$600: Your co-payment equals half of the total share cost. \$ _____ Co-payment (half of total share cost)</p>	<p>If total share cost is more than \$600: Your co-payment equals the total share cost minus \$300. \$ _____ Co-payment (total share cost - \$300)</p>
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4. PAYMENT PLAN:

Option 1: By check for full amount. Send a check for the total amount due with your application.

Option 2: By check (payable to MACSAC) for monthly payment plan. Use the payment plan chart to schedule co-payments throughout season, completing full payment by December 1. A \$25 down payment is required with application. List the check deposit dates on the 1st or 15th of the month. All checks must be written, post-dated, and mailed with the application.

Option 3: By Quest Card for select farms. Contact MACSAC to coordinate payments using a Quest Card.

You will be registered with your CSA farm after MACSAC receives your application and payment.

5. HEALTH INSURANCE REBATE:

Many local health care providers offer cash rebates to their members for purchasing fresh vegetable CSA shares. Visit www.macsac.org or call your health care provider to check if rebates are available.

Are you enrolled with any of these health care organizations?

BadgerCare Plus (GHC-SCW members) Dean Health GHC- SCW Physicians Plus Unity Health

Are you planning on applying for the CSA rebate?* _____

** This information will not alter the amount of your CSA share scholarship.*

6. NUTRITION EDUCATION: I would like to have a nutrition educator from the Wisconsin Nutrition Education Program contact me with more information about their free services, including phone calls and/or home visits: Yes No



7. MAIL IN APPLICATION:

Due to the increasing demand of CSA shares, farms may fill their membership very quickly. Since the availability of CSA shares is limited and Partner Shares funds are limited, we request that applications are sent to MACSAC as soon as possible in the spring before farms are full. Requests for Partner Shares assistance are granted on a first-come, first-serve basis. For any further questions call Gini Knight at (608) 226-0300.

Send in all the following completed forms for a full application review:

Partner Shares Application CSA Farm Sign-Up Brochure Post-dated Checks

Send completed forms and checks to: Partner Shares Program
 c/o Madison Area CSA Coalition
 303 S. Paterson St. #1B
 Madison, WI 53703

PAYMENT PLAN	
Deposit date	Check Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
Total*:	
*Make sure total equals the amount you owe Partner Shares.	

Special Offer! From Asparagus to Zucchini Cookbook
 This cookbook is extremely useful in learning how to best use the vegetables from your CSA share.

Partner Shares participants can purchase one cookbook per family for a discounted price of only \$5!

Yes, I would like to order this book and have enclosed a \$5 check with my completed forms.