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| meat share Application FORM SLO Farmers Co-op | | | | |
| Name: | | | | |
| Phone: | | Cellphone: | | Text message capability?:  YES  NO |
| Current address: | | | | |
| City: | | ZIP Code: | Email address: | |
| **Length of Commitment**  6 months minimum 9 months  12 months | | | | |
| MEAt box choices: Please check your choice. | | | | |
| FULL SHARE  $149 a month | A minimum of 18 pounds monthly including:   * Ground beef in one-pound packets * Other beef: roast, steak * One whole chicken * Processed pork (brats, bacon, ham steak/deli ham, breakfast links) * Pork cuts (roasts, chops, ribs, steak) | | | |
| SMALL  SHARE  $99 a month | A minimum of 11 pounds monthly including one whole chicken with half the amounts of pork and beef.as listed above. | | | |
| GROUND MEAT SHARE  $99 a month | A minimum of 11 pounds, including:   * One-pound packets of ground beef * One-pound packet of brats, Italian sausage, or breakfast sausage * One-pound packets of ground pork or seasoned bulk pork sausage | | | |
| W e Don’t Eat Much Meat  $89 a month | For those who like to flavor their dishes with meat. A minimum of 9 pounds.   * One-pound packets beef stew meat * One-pound packets ground beef * One-pound packet round steak, excellent for stir fry * One-pound of brats, Italian sausage, deli ham * Half a chicken | | | |
| One Time Sample Box  $139 | Want to try before you buy? We are so sure that you’ll love our meat products that we are offering a one-time discount on a **Full Share Box** for $10 off. This offer is limited to one per household annually. | | | |

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| *payment options* | | |
| * *Full advance payment. Check enclosed. Mail check and application to address below.* * *Two payment plan. First check enclosed, please bill me for second payment. Mail check and application to address below.* * *Monthly payment by credit card. Email application to address below. Customer service representative will contact you. There is a $3.95 a month charge.\** * *Monthly payment by automatic withdrawal/transfer. Email application to address below Customer service representative will contact you.\**   ***\*NOTE: Credit card and ACH payments must be received by the 7th of the month to pay for that month’s delivery. Payments set up to transfer after the 7th will pay for the following month.*** | | |
| *Agreement* | | |
| *I understand that this is an agreement between myself and the farmers represented by SLO Farmers Co-op. I recognize that by participating in a Meat Share program, I am enabling the small farmers within the program to plan their production and processing schedules to meet the needs of the Meat Share customers.*  *Please initial:*  *\_\_\_\_\_\_I understand that by signing this agreement, I am committed to the Meat Share for the period indicated on page one and that a deposit or advance payment will not be refunded should I end participation.*  *\_\_\_\_\_\_I understand that I am responsible for picking up my monthly meat share at the location I specify. I agree to notify* [*sales@slofarmersco-op.com*](mailto:sales@slofarmersco-op.com) *or call/text (920) 750-8686 at least 48 hours in advance if I cannot pick up my share so alternative arrangements can be made.*  *\_\_\_\_\_\_I understand that if I do not make alternative arrangements to pick up my monthly meat share, that month’s share will be donated to Feeding America Northeastern Wisconsin for distribution to area families in need* | | |
| *Print Name:* | |  |
| *Signature:* | | *Date:* |
| *Email application to: sales@slofarmersco-op.com**with Check, mail to SLO Farmers Co-op, W2407 Hofa Park Road  Seymour, WI 54165* | | |
| *For Office Use* | | |
| *Start Date* | *End Date* | |
| *Pick Up Location* | *Date Credit Card or ACH Deposit Made* | |