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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)
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| [ ] SMALLSHARE$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
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| [ ] WE DON’T EAT MUCH MEAT SHARE$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
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| [ ] 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. |
| [ ] Beef Box $299 | A minimum of 30 pounds: 15 lbs. ground beef and 15 pounds mixed cuts. |
| *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 automatic withdrawal/transfer. Scan and email application and the Direct Debit Authorization form (linked on web site) to* *sales@slofarmersco-op.com* *or mail to the address below.*

***\*NOTE: Payments must be received by the 7th of the month to pay for that month’s delivery.***  |
| *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* *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* |