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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 | | | | | | |
| 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 | | | | | | |
| 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*](mailto: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*](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* | | | |