

## Miller's Produce CSA Shareholder Agreement

I understand that payment for a share of the Miller's Produce CSA entitles me to a share of fruits and vegetables from Miller's Produce and cooperating local farms. This is an agreement between myself and Miller's Produce CSA, and understand that I will share in the risks that can be encountered during the growing season along with other members and the farmer. It is my responsibility to pick up my share on time, and on the day that I have been assigned. If I do not pick up my share or have someone else pick it up for me within 24 hours of my assigned time, my share will be donated elsewhere. By signing this agreement, I agree to the Miller's Produce CSA guidelines set forth on [www.millerproduce.com](http://www.millerproduce.com). I also understand that my payment is non-refundable.

**Share Options** (Please circle one choice from each column)

Length	Size	Type	Cost	Cost (Before 3/15/2025)
<b>Whole Season</b> (19 Weeks) 6/10/2025-10/16/2025	Full	Basic	\$513.00	\$461.00
		Premium	\$622.00	\$560.00
	Half	Basic	\$260.00	\$233.00
		Premium	\$369.00	\$332.00
<b>Summer Season</b> (11 Weeks) 6/10/2025-8/21/2025	Full	Basic	\$310.00	Rebate is offered to
		Premium	\$374.00	Whole Season members
	Half	Basic	\$165.00	only and is only valid if
		Premium	\$229.00	the payment is received
<b>Fall Season</b> (8 Weeks) 8/26/2025-10/16/2025	Full	Basic	\$234.00	before the marked date
		Premium	\$280.00	(March 15 <sup>th</sup> , 2025)
	Half	Basic	\$120.00	
		Premium	\$167.00	

**Pick Up Day** (Pick up time is 6 PM – 8 PM, regardless of chosen day)

Circle One: Tuesday | Thursday | Either

**Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Mailing information on reverse side)

Please mail the completed agreement and checks made payable to Mitchell Miller to:

Mitchell Miller  
14208 Hyson School Road  
Stewartstown, PA 17363

THANK YOU FOR JOINING OUR CSA!