

## KENTUCKY DEPARTMENT OF AGRICULTURE COMMUNITY SUPPORTED AGRICULTURE 2016 REGISTRATION

Company / Farm Name:			
Address:			
City: County:			
State: Zip:			
Phone: Mobile:			
E-mail: Website:			
Facebook:			
Contact(s):			
How would you like customers to contact you?			
Counties/Cities covered:			
☐ I am no longer offering a CS.	A Program.		
Please answer the following questions regarding your farm	ning operation.		
How long has your family been farming?			
How long have you been farming?			
How long have you been growing and direct marketing products?			
Products offered through direct marketing: ☐ Vegetables	□ Fruits □Meats □Eggs		
How long have you been offering CSA membership?			
Do you require members to sign a contract? Yes□ 1	No□		

Shares inclu	ıda: (nla	ase check al	Il that apply to your CSA shares)			
Shares men	□Fruit □Vege □Herbs □Value	tables s	☐ Flowers ☐ Eggs ☐ Meats ☐ Recipes or Newsletters			
If you answered no to the previous question, please provide the name of the producers and the products they offer to your CSA shares.						
Producer:						
Producer.	Produc		Fruit			
	Floud		Vegetables			
			Herbs			
		<del></del>	Meats			
			Value-added products			
			Flowers			
			Eggs			
			Other, please specify			
Dan Larra						
Producer:						
	Produc		Fruit			
			Vegetables			
			Herbs			
			Meats			
			Value-added products			
			Flowers			
			Eggs			
			Other, please specify			
Producer:			,, ,			
	Produc	ts:	Fruit			
			Vegetables			
			Herbs			
			Meats			
			Value-added products			
			Flowers			
			Eggs			
			Other, please specify			
			Other, please specify			
How are shares received?						
		Pick up at far	m			
			rmers' Market location			

Do you produce all the products offered in the CSA shares? Yes□ No□

If you answered yes to the previous question special events held for the members.	
Do you host any special events for the member	
Do you offer the members an opportunity to s	wap products? ☐ Yes ☐ No
Do you offer a discount with early payment?	☐ Yes ☐ No
What are the payment options?	
	s   No If yes, how much?
☐ Other (attach detail of other offering)	# of Weeks:
	# of Weeks:
☐ Half Share Price:	# of Weeks: # of Weeks:
Sizes: (please check all that apply) (please attach det	ail of share information)
Share options:	
<ul> <li>Newsletter</li> <li>□ Printed</li> <li>□ Electronic</li> <li>□ Website</li> <li>□ Blog Site</li> <li>□ Facebook</li> </ul>	
How do you communicate with members? (please provide links for email, website,	blogs or facebook)
Do you have a waiting list? ☐ Yes ☐ No	
How many shares will you offer in 2016?	
How many shares did you offer in 2015?	
Other, please specify:	
<ul><li>□ Delivered to home</li><li>□ Neighborhood drop off</li></ul>	

Expectations you have of your members:
Was last season successful for your CSA program?
What agriculture related organizations are you currently an active member with?
Is there other information that you would like to share about your CSA?
Suggestions or ideas on how KDA can help:
Please read the following statement and indicate your preference. Both a signature and date are required for registration with the KDA.
I understand that the information I have provided above will be used by the Kentucky Department of Agriculture to promote the CSA program. I further understand that my information will be viewed by potential members when selecting CSA farms to participate or be offered as a benefit for their employee wellness programs.
☐ I agree that my information may be released.
☐ I do not agree to allow my information to be released.
Signature:
Print your full name:
Date:
Please return the completed form via e-mail to: sharon.spencer@ky.gov or you can return by mail to:

Sharon Spencer Kentucky Department of Agriculture 111 Corporate Drive Frankfort, Kentucky 40601