| Matina   | $   \Delta f $ | Fauin a        | - Earman |
|----------|----------------|----------------|----------|
| Native ( | UI             | <i>jerings</i> | srarm    |

8501 Maples Rd. Little Valley, NY 14755 deb@nativeofferings.com www.nativeofferings.com

2023 Shareholder Registration Form

| Name:  |                       | ``               |                                      |                              |                  |  |
|--|-----------------------|------------------|--------------------------------------|------------------------------|------------------|--|
| Address:   |                       |                  |                                      |                              |                  |  |
| Phone:Email:   |                       |                  |                                      |                              |                  |  |
| I'm splitting a share with:  |                       |                  |                                      |                              |                  |  |
| Name:  |                       |                  |                                      |                              |                  |  |
| Address:   |                       |                  |                                      |                              |                  |  |
| Phone:   | Ema                   | il:              |                                      |                              |                  |  |
| I will pick up at the followi  | •                     |                  |                                      |                              |                  |  |
| Orchard Park Train Depo  | •                     | ,                | •                                    | *                            |                  |  |
| Native Offerings Farm (8   |                       |                  |                                      |                              |                  |  |
| First Presbyterian Churc   |                       |                  |                                      |                              |                  |  |
| Gardner Chiropractic (16   | 15 W.State St, Ol     | ean). Boxed sh   | are, \$2.50/week del                 | ivery charge applies (billed | d separately)    |  |
|  | c 11 ·                |                  |                                      |                              |                  |  |
| I would like to purchase th  | e following:          |                  |                                      |                              |                  |  |
|  |                       | Price            | Installment                          | # of shares                  | Total            |  |
|  |                       |                  | Price                                |                              | Amount           |  |
| Summer and SE together   | FULL                  | 1070             | 1080                                 |                              |                  |  |
| (June-Dec.)  | SMALL                 | 715              | 725                                  |                              |                  |  |
|  | INDIVIDUAL            | 490              | 500                                  |                              |                  |  |
| Summer Share   | FULL                  | 720              | 730                                  |                              |                  |  |
| ( June-Oct.)   | SMALL                 | 480              | 490                                  |                              |                  |  |
|  | INDIVIDUAL            | 340              | 350                                  |                              |                  |  |
| Season Extension (SE) Shar   | e FULL                | 380              | 390                                  |                              |                  |  |
| (NovDec.)  | SMALL                 | 255              | 265                                  |                              |                  |  |
|  | INDIVIDUAL            | 160              | 170                                  |                              |                  |  |
| Fruit Share (July-Oct.)  |                       | 270              | 280                                  |                              |                  |  |
| GRAND TOTAL  |                       | •                |                                      | ·                            |                  |  |
| If paying in installments, p   | olease include tw     | o checks tog     | ether: one checl                     | k dated today for            |                  |  |
| half the total installment   |                       | _                |                                      |                              |                  |  |
| summer and fruit shares)   | or 10/1/23 (for       | the together     | share, season e                      | xtension)                    |                  |  |
| Garden Seedling Share  |                       | Choose an        | \$100, \$50 or \$25 (one-time        |                              |                  |  |
|  |                       | amount           | payment)                             |                              |                  |  |
| <b>BEEF</b> -I've included a deposit for ¼ beef                        |                       | \$200            | Each additional quarter adds another |                              |                  |  |
| D  |                       |                  | \$200 deposit                        |                              |                  |  |
| Payment enclosed with registration form                                |                       |                  |                                      |                              |                  |  |
| Please make checks payable to Native Offerings Farm                    |                       |                  |                                      |                              |                  |  |
|  |                       |                  |                                      |                              |                  |  |
| I am making a com  | mitment to suppor     | t Native Offeri  | ngs Farm for the                     | 2023 season. I underst       | tand:            |  |
| $\hfill\Box$<br>There is no guarantee on the exa                       |                       |                  |                                      |                              |                  |  |
| animals, etc. may affect the availab                                   |                       | of produce. I wi | ll share both the re                 | ewards and the risks of      | the growing      |  |
| season with the grower and the ot ☐ It is my responsibility to pick up |                       | scheduled tim    | e and place. If my s                 | share isn't nicked un and    | d I haven't made |  |
| other arrangements ahead of time                                       |                       |                  |                                      |                              |                  |  |
| $\hfill \square$ I understand that my share cont                       | ains unwashed prod    | uce and that I s | hould clean it befo                  | re eating.                   |                  |  |
| $\square$ I have made a copy of this form                              | for my records, and a | am sending the   | signed original plu                  | is a payment check to N      | OF.              |  |
|  |                       |                  |                                      |                              |                  |  |
| Signed:  |                       |                  |                                      |                              |                  |  |
| 01611Cu1   |                       |                  | Datc                                 |                              |                  |  |