

SAMPLE

This document contains material that may or may not be suitable for or desired in your agency. If you choose to adapt its contents, submit it to the appropriate staff for review.



Good Food Bag Member Form for Tiny Tots Parents

I, _____, approve a \$5 charge per bag added to my monthly
Printed name

Tiny Tots bill, according to the order details specified below, as advance payment for delivery of Seattle Tilth's Good Food Bag of fresh, healthy, organic produce.

Phone: _____

Email: _____

Household size (number of people living in your home): _____

of Adults: _____ # of Youth (aged 14 to 19): _____ # of Children (birth to 13): _____

How many servings of fruit do you eat on a typical day? (please check) none 1-2 3+

How many servings of vegetables do you eat on a typical day? none 1-2 3+

Can you get the fruits & vegetables that you want to eat every day? Always Sometimes Rarely

How did you find out about the Good Food Bag Program?

From a friend From a staff member From a poster or flyer Other? Please specify: _____

Number of bags:

- I want ONE bag per order
- I want TWO bags per order

Frequency of Deliveries:

- I want to receive my order EVERY OTHER WEEK (2nd and 4th weeks of the month)
- I want to receive my order EVERY WEEK

Pick Up: Please deliver my bag(s) on Thursdays by 3 pm to:

- Main (Birth-3)
- East (ECEAP)
- Emerson (Excelling Eagles)
- Wing Luke (Gentle Dragons)

Don't forget to pick up your bag from 3pm-6pm on Thursdays! *Seattle Tilth and Tiny Tots will donate any leftover produce at the end of the pick-up time. Refunds cannot be issued for forgotten bags. Bags not picked up for three consecutive weeks will be placed on hold until reinstatement requested by member.*

Return this form to Tiny Tots main office BY THE 14th OF THE MONTH for next month delivery.

TERMINATION: Our relationship is at will, meaning that either party can terminate this agreement at any time, without reason or notice. Please note that upon termination, you will continue to receive all bags that you had paid for in advance.

Your Signature: _____ Date: _____

Contact Seattle Tilth with any questions!
goodfoodbag@seattletilth.org (206) 760-0500