|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | |  | | | |  | | Date of Birth: | | | | /  / | |
|  | *Last* | | *First* | | | | *MI* | | | | |  | | |
| Address: | |  | | | |  | | | | | | | | |
|  | | *Street Address* | | | | *City, State, Zip* | | | | | | | | |
| Home Phone: | |  | | | | Cell Phone: | | | |  | | | | |
| Email Address: | |  | | | | Tribal ID: | | | |  | | | | |
| Employer: | |  | | | | Work Phone: | | | | |  | | | |
| Spouse Name: | |  | | | | Tribal ID: | | | |  | | | | |
| Child(ren): Name | | | | Age | DOB | | | Sex | | Tribally Enrolled | | | | Tribal ID: |
|  | | | |  | /  / | | |  | | Yes No | | | |  |
|  | | | |  | /  / | | |  | | Yes No | | | |  |
|  | | | |  | /  / | | |  | | Yes No | | | |  |
|  | | | |  | /  / | | |  | | Yes No | | | |  |
|  | | | |  | /  / | | |  | | Yes No | | | |  |
|  | | | |  | /  / | | |  | | Yes No | | | |  |
|  | | | |  |  | | |  | |  | | | |  |
| Requested Recognized CSA:  CSA Contact Information: | | | |  |  | | |  | |  | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Terms of Agreement:   1. I/We agree to pay a $20 co-pay for the half share CSA or $30 co-pay for a full share CSA. Checks or money orders for co-pays made payable to: Ho-Chunk Healthcare Center (HHCC). Co-pays must be returned to the Health and Wellness Staff at N6520 Lumberjack Guy Rd, Black River Falls, WI 54615.715-284-9851    1. The co-pay will be waived if I complete one of the following courses: Pathway to Wellness, or DM Basic’s classes after July 1st, 2014. The only way this co-pay will be waived is if I complete one or more of these courses from beginning to end and all of the necessary labs and paperwork. | | **Initials:** |  |
| 1. Cancellation Policy: The membership is transferrable (if facility allows); co-pay is non-refundable. | | **Initials:** |  |
| 1. RENEWAL 2. Every year, members must provide a new Ho-Chunk Nation CSA application and co-pay to the Health and Wellness Staff. 3. Members must use the approved CSA farm for the location they reside in. 4. Shares are first come first served. Each facility has a set amount of shares available. 5. Failure to re-apply or to provide all documentation will result in cancellation of membership. 6. Documentation needed for consideration of renewal:    1. Ho-Chunk Nation CSA Application.    2. Recognized and approved CSA farm contact information.    3. $20 single or $30 family co-pay | | **Initials:** |  |
| 4. To be eligible for a full share at least two family members must be Ho-Chunk enrolled tribal members or descendants living in the same household. | | **Initials:** |  |
| 1. Applications and guidelines are subject to change at any time for any reason by the Wellness Staff. 2. Any incomplete (any missing information/paperwork) after CSA closing date will be shredded and considered expired. Closing Date: April 15th. 3. Participant must pick up at minimum, half of the weekly shares during the growing season or participant will be ineligible for the next year’s growing season. 4. I was provided and will follow all terms on the Fitness Membership/Community Supported Agriculture Policy. | | **Initials:**  **Initials:**  **Initials:**  **Initials:** |  |
| **I/We agree to accept and abide by the terms of this Membership Agreement. I/We understand the Membership agreement is for one growing season.** | | | |
| **Signed:** | **Dated:** | | |
|  | | | |



