

**Wurth farms
Harvest Partner
APPLICATION
2018**

Name _____
Address _____
City/State/Zip _____
Telephone Number(s) _____
E-Mail Address _____

Please select basket: ___ Harvest Family \$360 ___ Harvest Junior \$250

PICK UP LOCATION: ___ OLIVET CH. RD. ___ SOUTHSIDE MKT.

of Membership cards requested: 1 2

Name to appear on card(s): 1) _____
2) _____

Please enclose a check or money order payable to:
Wurth Farms
1720 South Friendship Rd.
Paducah, KY 42003

Please circle

Will this Membership be a donation to PCM? Yes/No

If yes, do you wish to make the donation anonymously? Yes/No

Will this membership be a gift to someone? Yes/No

If yes, please provide the following:

Name _____
Address _____
City/State/Zip _____

OFFICE USE: CHECK# _____ AMOUNT \$ _____ HP # _____