

CHA Membership Application
April is Membership Time

Date _____ New Renewal

Please print clearly

Name: _____

Business name: _____

Address: _____

City _____ State _____ Zip _____

Phone # (include area code)

Home: _____ Cell: _____

Email: _____

Website: _____

*CHA Member Directory (Available to all members) yes__ no__ CHA online password
protected Member Directory yes__ no__ CHA online public access Business Listing
yes__ no__*

Business offering member to member (M2M) discount yes__ no__

For the CHA Directory of Members, please write a brief description (on back) to be included in the printed directory, including information about yourself, your relationship to herbs, your business and reason for joining (include your focus & intentions, credentials, education, practice, etc.) **Please print clearly** and keep to 70 words or less.

\$35.00 Family membership \$25.00 Adult membership \$15.00 Student membership

Please send this page, along with your annual dues and check made out to Connecticut Herb Association (CHA) mail it to:

Membership, CHA
c/o Gayle Nogas
35 Dale Rd
Enfield CT 06082

Please consider adding a little extra for the Scholarship Fund

I have included \$_____ to my payment for donation to the CHA Scholarship Fund.

Cash Check # _____ Date Received _____