

CHA Membership Application

Date _____ New Renewal

Please print clearly

Name: _____

Business name: _____

Address: _____

City _____ State _____ Zip _____

Phone # (include area code)

Home: _____ Cell: _____

Email: _____

Website: _____

Post on CHA online password protected Member Directory yes ___ no ___

Post on 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 30 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 mail it to:

Membership c/o
Connecticut Herb Association
PO Box 310491
Newington, CT 06131

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 _____