

CHA Membership Application Join/Renew

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__

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

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

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

Or pay by Venmo

Gail Nogas
@Gail-Nogas

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



venmo

Please consider adding a little extra for the Scholarship Fund

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

Venmo Cash Check # _____ Date Received _____