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 to herbs, your business and 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 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 Katherine Mashiak
54 Springfield Rd
Somers, CT 06071

Please consider adding a little extra for the Scholarship Fund
I have included $_____to my payment for donation to the CHA Scholarship Fund.

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☐ Cash ☐ Check #_____ Date Received_____