

Michigan Herb Associates Membership Application and Renewal Form

Name (Please Print) _____

Address _____

City _____ State _____ Zip Code _____

Phone Number: (_____) _____ E-mail _____

Membership year: January through December. **Membership:** \$25 per year, payable by check or credit card.
(Dues received after October 15 will be applied to the following year unless otherwise indicated.)

Make check payable to: **Michigan Herb Associates.**

(A \$25 charge will be charged to individuals whose checks are returned for "Not Sufficient Funds.")

MC/VISA card #: _____ Expiration Date: _____

Signature: _____ Renewal New Member New Address

DETACH AND MAIL this completed form with your check OR Credit Card information to:

DOLORES LINDSAY, Mid-Michigan Mechanical Contractors Assn, 901 S. Cedar Suite 200, Mason MI 48854. (Envelope in Journal.)

NOTE: If you are registering for the conference, please fill out the CONFERENCE REGISTRATION FORM also.

What herb groups (if any) do you belong to: _____

President's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-mail: _____

MHA Use Only

Member year: _____

Amount received: _____

Check

Cash

MC/VISA