

*Michigan Herb Associates Membership Application/Renewal Form*

www.miherb.org

**Name** *(Please Print)* \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home/Cell Number:** (\_\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Membership year:** April 1 through March 31. **Membership fee:** \$25 per year

(After January 1 dues are applied to the following year, unless otherwise indicated.)

**Pay by check to: Michigan Herb Associates** (returned check fee: \$25)

**OR credit card:** MC/VISA card #: \_\_\_\_\_ Expiration: \_\_\_\_\_ CSC: \_\_\_\_\_

Signature: \_\_\_\_\_  Renewal  New Member  New Address

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

**DOLORES LINDSAY, 2885 Island Drive, Stanton, MI 48888.**

**What herb groups (if any) do you belong to:** \_\_\_\_\_

**President's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** (\_\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_

<b>MHA Use Only</b> Member year: _____ Amount received: _____ <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> MasterCard/VISA
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