

Gift Membership Application in Michigan Herb Associates

YES, I'd like to share
Michigan Herb Associates
with a friend.

Please send the following gift
subscription on my behalf.

RATE: One Year \$25 (US)
(Membership year is April
through March.)

* Please make sure that the
address is correct.

**A \$25 fee will be charged
to individuals whose
checks are returned for
"Not Sufficient Funds."**

• **TO** _____

Address* _____

City/State/Zip _____

County _____

Phone number _____

• **FROM** _____

Address _____

City/State/Zip _____

Phone number _____

Gift date _____

Please indicate whether you are paying by:

Check OR

MC/VISA card # _____ Exp. Date _____ CSC _____

Signature _____

Please make check payable to: **MICHIGAN HERB ASSOCIATES**. Detach and mail this completed form
with your check or credit card information to:

Dolores Lindsay, 2885 Island Drive, Stanton, MI 48888