

# Michigan Herb Associates Membership Application And Renewal Form

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

Address \_\_\_\_\_

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

Home/cell number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Membership year:** April 1 to March 31      **Membership fee:** \$25.00 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: \$25.00)

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

Signature: \_\_\_\_\_  Renewal     New Membership     New Address

PRINT 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 (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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