

Michigan Horticultural Therapy Association

Membership Application and Biographical Information Form

Name _____

Address _____

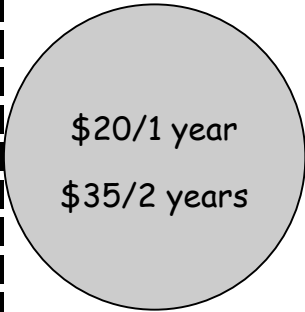
City _____ State _____

Zip Code _____ County _____

Phone number _____

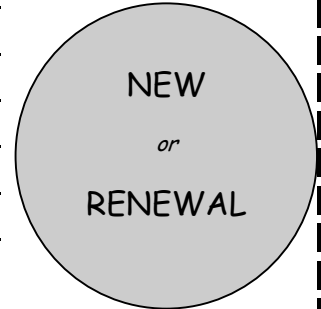
E-mail _____

Tell us about your area of interest or experience.



\$20/1 year
\$35/2 years

Please circle one!



NEW
or
RENEWAL

Please circle one!

I hereby authorize MHTA to share the above information with other MHTA members for networking purposes.

Optional: I do not want the following information published:

___address ___phone number ___email address

Date: _____ **Signature:** _____

Please mail this form along with a check payable to MHTA to:

MHTA, 11306 Sycamore Ln., Palos Hills, IL 60465

Questions? Contact Holly at Holly@MichiganHTA.org