

# Michigan Horticultural Therapy Association

*Membership Application and Biographical Information*

**\$20 ~ 1 Year**  
*Or*  
**\$35 ~ 2 Years**  
**\$5 ~ Optional  
Donation To  
Scholarship  
Fund**

*Please circle your  
choice!*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**New**  
*Or*  
**Renewal**

*Please circle one!*

Tell us about your area of interest or experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_E-mail Address

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

MHTA, Attn: Angie Girdham

4016 S. Lake Wilson Rd. Hillsdale, MI 49242

Questions? Contact [Angie@MichiganHTA.org](mailto:Angie@MichiganHTA.org)