



# 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 \_\_\_\_\_  
Email Address \_\_\_\_\_

New  
Or  
Renewal

*Please circle your choice!*

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: \_\_\_\_\_