

NORTH CAROLINA HERB ASSOCIATION MEMBERSHIP FORM



Name: _____ Date: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Chapter: _____

Telephone-Home: _____ Business: _____

Fax: _____

Email: _____

Web Page: _____

Dues Enclosed (please check all that apply):

- Individual / Family (\$25)
 Organization (\$ 35)
 New Membership
 Renewal
 Business (\$35) 1-3 People, fill out form for each one, staple together

**Please make checks payable to NCHA and send with this completed application to:
Pam Love PO Box 658 Elon, NC 27244**

Business Owners, please tell us about your business and products (check all that apply):

I sell: Retail Only Wholesale Only Both Retail & Wholesale

My products include:

- | | | |
|---|---|--|
| <input type="checkbox"/> Herb Plants | <input type="checkbox"/> Dried Herbs | <input type="checkbox"/> Botanicals |
| <input type="checkbox"/> Herbal Soaps | <input type="checkbox"/> Herbal Cosmetics | <input type="checkbox"/> Medicinal Herbs |
| <input type="checkbox"/> Books | <input type="checkbox"/> Herbal Crafts | <input type="checkbox"/> Aromatherapy Products |
| <input type="checkbox"/> Ritual Items | <input type="checkbox"/> Herb Teas | <input type="checkbox"/> Handmade Baskets |
| <input type="checkbox"/> Gift Items | <input type="checkbox"/> Herbal Foods | <input type="checkbox"/> Vinegars |
| <input type="checkbox"/> Seeds/ Bulbs | <input type="checkbox"/> Fresh cut Herbs | <input type="checkbox"/> Essential Oils |
| <input type="checkbox"/> Bottles / Jars | <input type="checkbox"/> Garden Accessories | <input type="checkbox"/> Herbalists' Supplies |
| <input type="checkbox"/> Wreaths | <input type="checkbox"/> Other Items: _____ | |

I offer the following services: _____

My business days & hours: _____

Display Garden: ? yes ? no Ship? ? yes ? no Newsletter? ? yes ? no Catalog? ? yes ? no