



Today's date:

NEHTN Annual Membership Form

Please type membership form and email to membership@nehorticulturaltherapy.net .

First Name:		Middle Initial:	Last Name:
Your Business Name / Doing Business As:			
HTM <input type="checkbox"/>	HTR <input type="checkbox"/>	HTA <input type="checkbox"/>	HT Certificate <input type="checkbox"/> Other Credentials:
Street Address:		City:	State: Zip:
Phone numbers to be listed in NEHTN Directory:			
Home:		Work:	Mobile:
E-mail address to be listed in NEHTN Directory:			
Name and location of Business, Facility, Program or School:			
Title of your position: (Owner, Horticultural Therapist, Program Facilitator, Student, etc.)			
Please provide a brief description of your interest in horticultural therapy or the program and the populations(s) you serve. This will be included in the NEHTN Directory:			
Are you interested in hosting an NEHTN meeting? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please list organizations and associations that you are a current member of:			
Membership Benefits Include:			
NEHTN membership directory, reduced workshop registration fees and access to job postings.			
Please check one:	New Member <input type="checkbox"/> Renewal Member <input type="checkbox"/>		
Membership Category:	Individual \$25.00 <input type="checkbox"/>	Student/Seniors \$15.00 <input type="checkbox"/> Full-time students in any curriculum at an accredited institution of high learning. (Include copy of transcript.)	Institutional \$50.00 <input type="checkbox"/> Includes reduced workshop registration fees for three institutional members.
	I would like to support NEHTN and make a donation in the amount of \$ _____.		

Payments now accepted via credit card and PayPal at <https://nehorticulturaltherapy.net/product/pay> or make checks payable to NEHTN and mail to P.O. Box 4614 White River Junction, VT 05001