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| Today's date: |
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NEHTN Annual Membership Form

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

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|--|---|--|---|
| 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.) | | | |
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| 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"/> Full-time students in any curriculum at an accredited institution of high learning. (Include copy of transcript.) | 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 at <https://nehorticulturaltherapy.net/product/pay>
 or make checks payable to NEHTN and mail to P.O. Box 4614 White River Junction, VT 05001