



## THE ONTARIO HERBALISTS ASSOCIATION

### Student Membership Application

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Mailing address: \_\_\_\_\_

(Street)

(City)

(Postal Code)

Student Membership: \$50 + \$5.85 HST = \$50.85\*

Please make your cheque or money order payable to:

**The Ontario Herbalists Association,  
P.O. Box 167, 412 Roncesvalles Avenue, Toronto, ON M6R 2N2**

Current/Recent Herbal Study: \_\_\_\_\_

Attach any of the following as proof of your eligibility for Student Membership:

- Proof of enrollment in a herbal program: a student card, letter from the school, transcript of current studies, etc.
- Proof of studies in any core herbal or medical science field undertaken in the previous twelve months, including seminars, workshops, or certificates of course completion.

I would like to volunteer for the Ontario Herbalists Association:

Yes

How did you hear about us? \_\_\_\_\_

Email Preferences:

- Please sign me up for the OHA newsletter.
- Please do not email me about any other events or opportunities.

Consent:

By signing this application form, I consent to my personal information being collected for OHA documents only and for the purpose of member activities and communications. I understand that my information will not to be used for any other purposes unless permission is given in writing.

I certify that the information provided is accurate to the best of my understanding.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

\* All fees are subject to change. Membership fees renew October 1st of each year.