



Ontario Herbalists Association Student Membership Application

Name _____

Business Name _____

Mailing Address _____

Email Address _____

Telephone Number _____

Website _____

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

How did you hear about us? _____

Membership Fee: \$50.85 ☐ I am sending via eTransfer ☐ I am sending via cheque

Consent: By signing this form, I consent to my personal information being collected for OHA documents only and for the purpose of member activities and communications. My information will not 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 _____