



Ontario Herbalists Association General Membership Application

Name _____

Mailing Address _____

Email Address _____

Telephone Number _____

I would like to volunteer for the Ontario Herbalists Association

How did you hear about us? _____

Membership Fee: \$33.90 (\$30 + \$3.90 HST) I am sending via eTransfer

I am sending via cheque

Please make cheques payable to:
The Ontario Herbalists Association

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 _____