

Great Plains Herb Growers Association
Membership Application Form

Membership Dues per year: \$ **25.00**

Additional Contribution \$ _____

Total Enclosed \$ _____

Name: _____

Company: _____

Title: _____

Address: _____

City/State/Zip: _____

Email: _____

Website: _____

Telephone: _____ Fax: _____

Briefly describe products or services offered:

Please return form with membership dues payment to:

GPHGA
908 W. 20th Terrace
Lawrence, KS 66046
785/841-9241 FAX 785/841-4975
email herbgrowers@sunflower.com

Thank you!