



KENTUCKY HERB ASSOCIATION  
MEMBERSHIP FORM

Annual dues are \$20.00 (January 1 to December 31).

BUSINESS NAME (if applicable)\_\_\_\_\_

BUSINESS ADDRESS\_\_\_\_\_ COUNTY\_\_\_\_\_

BUSINESS PHONE\_\_\_\_\_ E-MAIL\_\_\_\_\_

NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

HOME PHONE\_\_\_\_\_ E-MAIL\_\_\_\_\_

BUSINESS HOURS AND DAYS OF OPERATION\_\_\_\_\_

TYPE OF BUSINESS: WHOLESALE\_\_\_\_\_ RETAIL\_\_\_\_\_ GROWER\_\_\_\_\_ GIFT SHOP\_\_\_\_\_

PLEASE WRITE A SHORT DESCRIPTION OF YOUR BUSINESS **OR** IF YOU DO NOT HAVE A BUSINESS, PLEASE WRITE A SHORT PARAGRAPH ABOUT YOUR INTEREST IN HERBS AND WHAT YOU WOULD LIKE TO GAIN AS A MEMBER.

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Please send a check for \$20.00 payable to **Kentucky Herb Association** to:

Glenda McQuerry/Treasurer  
169 Pine Hill  
Paint Lick, KY 40461