

Print this form and send with a check made out to "Chesapeake Chapter AHTA" to:
Bobbi Johnson
Membership Chair
5103 Redwing Drive
Alexandria, VA 22312
Membership runs on the calendar year.

Chesapeake Chapter
of the American Horticultural Therapy Association
Membership 2006

YES, I want to join the Chesapeake Chapter and help HT grow in our area.

Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone: home _____ work _____

Fax: _____ Email: _____

Are you a member of AHTA? Yes No

Are you currently working (paid or volunteer) in HT or a horticultural field? Yes No

If yes, where are you working and briefly describe your program and populations served

Are you involved with other groups or organizations that might like to learn more about HT? If yes, please tell us who they are so we can send information. _____

Yes, I'm interested in volunteering. I'd like to help with

- | | |
|---|--|
| <input type="checkbox"/> Public Relations/Communications | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Website Content Editor (no HTML experience needed) | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Position on the Board or Officer | <input type="checkbox"/> Conference Planning |

Membership Categories:

- Student or Senior (60+).....\$15
- Individual.....\$25
- Non-profit Organization.....\$50
- Commercial Business.....\$75
- I would like to donate _____ to further Horticultural Therapy