



MEMBERSHIP APPLICATION FORM
January 2019 through December 2019

PLEASE PRINT CLEARLY!

The information indicated below will be included in the Membership Directory unless you specifically instruct the Membership Chair in writing to do otherwise. If additional space is needed, please use the back of the form.

Membership Status: ( ) New MAHTN Member ( ) Renewing MAHTN Member ( ) Unsure of Status

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number to be listed in directory: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email address to be listed in directory: \_\_\_\_\_

Are you a member of AHTA? Yes \_\_\_ No \_\_\_

Registration status, if applicable: HTR \_\_\_\_, HTM \_\_\_\_, HTA \_\_\_\_, other, \_\_\_\_

Name of Facility or Program; to be listed in directory \_\_\_\_\_

Brief description of your program & population(s) served; to be listed in directory. Use back of form if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in hosting a network meeting at your site? If yes, what time of year?

\_\_\_\_\_

Please circle any committees you would be interested in participating on:

Table with 3 columns: Membership, Programs, Annual Conference; Public Relations, Awards/Nominations, Other; MAHTNMatters E-Newsletter, Online Communications

How can MAHTN better serve you? (Comments)

\_\_\_\_\_  
\_\_\_\_\_

MEMBERSHIP CATEGORIES

Student, Full-time [\$15.00] \_\_\_\_, Individual [\$25.00] \_\_\_\_, Institutional [\$75.00] \_\_\_\_
Organizational (garden club, etc.) [\$75.00] \_\_\_\_, Commercial [\$75.00] \_\_\_\_, Contributor \_\_\_\_

Please make check payable to: "MAHTN, Inc."

Send check and form to: Membership Chair, Mid-Atlantic Horticultural Therapy Network, PO Box 704, Morristown, NJ 07963
Questions? Please email membership@mahtn.org