



CHTA Membership Application Form

Date: _____

Business Name: _____

Contact Person: _____

Renewal **New Member**

Address: _____

City: _____ Province/State _____

Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Email: _____ Web Site: _____

Please complete the following:

Business Category

- Grower Distributor Processor Manufacturer Wholesaler Retailer
 Consultant Researcher Media Individual Government
 Other (please specify): (please check all that apply)

Sector Interests

- Farming Fibre-Industrial Fibre - Textile Seed-Food Seed-Industrial Oil
 Bodycare Researcher Other (please specify) (please check all that apply)

Give a brief description of your business and how the CHTA can help you best:

Membership Fees and Categories:

Membership/Voting

Hemp Revenue	Membership dues (Aug 1, 2009 – March 31, 2011)
\$0-250,000	\$150 <input type="checkbox"/>
\$250,000-1 M	\$750 <input type="checkbox"/>
\$1 M- 3M	\$1500 <input type="checkbox"/>
\$3M-5M	\$2250 <input type="checkbox"/>
\$5M +	\$3000 <input type="checkbox"/>

Research & Government/Voting: \$150

Associate/Nonvoting: \$100

Producers: If you are participating in the CHTA voluntary check off with a member processor, you are already a CHTA member. Congratulations! (check if applicable)

Please return to address below with cheque payable to the **Canadian Hemp Trade Alliance.**

I agree to allow the CHTA to enter my information from this sheet into the CHTA database which they will then make accessible to other CHTA members and affiliates. Agree Signature _____