



Membership Sign-Up

Contact Name: _____

Business Name (if applicable): _____

Address: _____

Phone Number: _____

Email Address: _____

Membership Type:

Grower Service / Retail Small Business

*Please include payment and mail to P.O. Box 427, Harrisonville, MO 64701.
May checks / money orders payable to the Missouri Hemp Association LLC.*

The Missouri Hemp Association is a limited liability company

**CALL
(573) 416-0273**

**ONLINE
mohempassociation.org**