



Membership Sign-Up

Contact Name: _____

Business Name (if applicable): _____

Address: _____

Phone Number: _____

Email Address: _____

Membership Type:

- Grower Small Business Entertainment / Retail
 Affiliate Three-Year Grower

*Please include payment and mail to P.O. Box 427, Harrisonville, MO 64701.
Make 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