



2018 HENA Membership Application

Please complete all sections of this application and mail to:
HENA, P.O. Box 11120, Hilo, HI 96721

Company Name: _____

Contact Person: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Address: _____

City _____ State _____ Zip _____ Country _____

FedEx Account # _____

Type of Business:

_____ Grower _____ Wholesale _____ Retail _____ Designer _____ Garden Center _____ Distributor _____ Other: _____

Crops:

_____ Foliage Plants _____ Potted Flowers _____ Propagative Material _____ Palms
_____ Cut flowers/foilage _____ Landscape _____ Other: _____

Burrowing Nematode Certified: _____ Yes _____ No

HENA Membership Year - January 1st through December 31st

Type of Membership: "Active Member" = Hawaii Nursery Growers; "Associate" = Mainland growers, distributors, & industry professionals

_____ Active Membership - \$200.00

_____ Associate Membership - \$200.00

_____ Educational / Student Membership (Non-Voting Membership) - \$50.00

Method of Payment:

_____ Check enclosed *Please make checks payable to Hawaii Export Nursery Association.*

_____ Credit Card # _____ Exp. Date _____ Security Code _____

Authorized Signature: _____

Date _____ Name and Title (please print): _____