



16427 NE Airport Way  
Portland, OR 97230  
(206) 401-0048

## Association of Western Hemp Professionals Membership

### Contact Information

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

Company name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Website: \_\_\_\_\_

### Election of Membership\* Dues Payment (choose one):

- Enclosed check for the full dues amount of **\$1,000** for membership for the remainder of 2020 and for 2021.
- I would prefer to negotiate a different payment.

\* All potential members are vetted prior to approval.

*Check Remittance Address:*

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**THANK YOU**