2026-2027 MEMBERSHIP APPLICATION AND RENEWAL

PLEASE CHECK APPROPRIATE CATEGORY:

NEW MEMBER_____ RENEWAL_____

PLEASE PRINT:

NAME: _____

REPRESENTING: _____

POSITION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

E-MAIL: _____

☐ **PLEASE MARK BOX IF YOU <u>DO NOT</u> WANT YOUR CONTACT INFORMATION POSTED IN OUR MEMBER DIRECTORY**

WHIS currently offers membership at no cost for current state/ county employees due to generous member support from our annual in person conference fees.

Please email completed form to horticulturalinspectionsociety@gmail.com