



www.USHempAuthority.org
info@ushempauthority.org

250 W. Main St., #2800
Lexington, KY 40507

**Membership Application:
USHA Technical Committee 2020-2021**

Name: _____

Company Name: _____

Job Title: _____

Email: _____

Phone Number: _____

Select the committee spot that you would be most appropriate for you to fill (3 maximum) based on your experience:

- | | | | |
|---------------------------|--------------------------------|--------------------|------------|
| Processor/Manufacturer | Brand Owner | Grower | Researcher |
| Consumer Advocate | Laboratory / Analytical expert | Food Safety expert | |
| Legal / Regulatory expert | Certification Inspector | | |

Are you in the hemp industry? Yes No (circle one)

If yes, for how many years? _____

If no, what industry are you in? _____

Are you a farmer? Yes No (circle one)

Please list a few qualifications that would make you an asset to the committee.

Please sign below: I have read the “U.S. Hemp Authority Technical Committee Terms of Reference” and understand the time commitment involved with being a member of this committee.

Signature

Date
