

Cash/Check No.:

Date/Event:

Amount:

Initials / Date Done:



madison herb society

www.madisonherbsociety.org

Membership Information September 1, 2017 – August 31, 2018

*All information placed on this form will be included in the annual member directory.
Please print all information clearly and legibly.

Name	E-Mail <i>(for sending newsletter)</i>
Street Address	Home Phone
City, State, ZIP	Cell Phone <i>(optional)</i>
Business name, if applicable	Business website, if applicable

Please supply us with your email address so that we can send you the electronic newsletter, emergency meeting changes and reminders as necessary throughout the year.

As a member of MHS, I understand that photos may be taken at Madison Herb Society meetings and events and agree that MHS may use photos of me in their newsletters and on the website. If I do not want my photo taken at MHS events or meetings, I will take responsibility to inform the photographer that I do not want my photo taken.

Signature _____

Date _____

Membership Fee:

\$15 Annually

Membership Year: September 1, 2017 - August 31, 2018

Please note: we only accept one-year membership purchases. Multiple year renewals are not accepted.

Make Check Payable to: Madison Herb Society

****This membership form must accompany payment.***

Mail to:

Madison Herb Society
P.O. Box 8733
Madison, WI 53708-8733

Thank you for joining.

**We look forward to seeing you at future
Madison Herb Society meetings!**

** Information collected on this form is only for MHS records. Your information is never shared or sold to any business, or other organization, without MHS membership approval.*