



madison herb society

membership information

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

Name	E-Mail
Street Address	Home Phone
City, State, ZIP	Cell Phone (optional)
Business name, 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.

__ 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 web site. 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:

\$20.00 Annually
September 1, - August 31
Make Check Payable to: Madison Herb Society

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 will be used for MHS records only. This information will not be given or sold to any business or organization without membership approval.*