



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 _____

Business name, if applicable

Street Address

City _____

State _____

Zip _____

Home Phone _____

E-Mail _____

Cell Phone (optional)

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.

Please add me to the MHS e-mail list serve.

Please provide me with a Madison Herb Society email address (free with paid membership).

Please redirect my new MHS email address to the above email address.

Please send me information on setting up and using my MHS email address.

I have read the Madison Herb Society photo release 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, I will take responsibility to inform the photographer that I do not want my photo taken.

Signature _____

Date _____

Membership Fee:

\$20.00 Annually

Sept. 1, 2007 - Aug. 31, 2008

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.*



**THE MADISON HERB SOCIETY
PHOTOGRAPHIC SUBJECT RELEASE**

In consideration of my paid membership in the organization, and/or for the opportunity to attend The Madison Herb Society (MHS) events I hereby agree as follows:

1. I _____ (PRINTED NAME) hereby give and grant to any photographer for The Madison Herb Society, as well as The Madison Herb Society, its and their respective licenses, successors and assigns (herein collectively called the "licensed parties"), the right to use, publish and copyright my pictures, portrait and likeness in advertising and promotion of The Madison Herb Society, and any other purpose whatsoever that is related to the businesses of the licensed parties. This includes, but is not limited to their Web site and newsletters.
2. I agree that all photographs of me used and taken by the licensed parties are owned by them and that they may copyright material containing same. If I should receive any print, negative or other copy thereof, I shall not authorize its use by anyone else.
3. I agree that no advertisement or other material need be submitted to me for approval and the licensed parties shall be without liability to me for any distortion or illusionary resulting from the publication of my picture, portrait or likeness.
4. Nothing herein will constitute any obligation on the licensed parties to make any use of the rights set forth herein.

Signature

Address

Date

If subject is not yet 21 years old, complete the following:

I, the undersigned, hereby warrant that I am the _____ of _____, a minor, and have full authority to authorize the above Release, which I have read and approved. I hereby release and agree to indemnify the licensed parties and their respective successors and assigns, from and against any and all liability arising out of the exercise of the right granted by the above Release.

Signature of Parent or Guardian

Address

Date _____