

Cash/Check No.:

Date/Event:

Amount:

Initials / Date Done:



# madison herb society

[www.madisonherbsociety.org](http://www.madisonherbsociety.org)

## Membership Information September 1, 2019 – August 31, 2020

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

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

**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, 2019 - August 31, 2020

*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.*