

Cash/Check No.:

Date/Event:

Amount:

Initials / Date Done:



# Madison Herb Society

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

Membership Information  
September 1, 2023 – August 31, 2024

\*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> (for sending newsletter) |
| <b>Street Address</b>               | <b>Home Phone</b>                      |
| <b>City, State, ZIP</b>             | <b>Cell Phone</b> (optional)           |
| <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 \_\_\_\_\_

**How did you hear about the Garden Expo or Herb Fair?** \_\_\_\_\_

**Membership Fee:**

\$25 Annually – Membership Year: September 1, 2023 - August 31, 2024 \$25.00

We are offering a sliding scale of \$15-\$35 for annual membership, so that those who feel they cannot afford the increase can continue to keep their membership at the previous \$15 level. We feel the true value of the membership is at least \$25/year. **Please note: we only accept one-year membership purchases. Multiple year renewals are not accepted.**

I wish to make an additional donation to Olbrich Gardens on behalf of MHS \$ \_\_\_\_\_

**Make Check Payable to:** *Madison Herb Society*

**Total enclosed** \$ \_\_\_\_\_

***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.*