

Madison Herb Society

www.madisonherbsociety.org

Membership Information for September 1, 2024 – August 31, 2025 *All information placed on this form will be included in the annual member directory. Please print all information clearly and legibly.

| Name | E-Mail (for sending newsletter) |
|---|--|
| Street Address | Home Phone |
| City, State, ZIP | Cell Phone (optional) |
| Business name, if applicable | Business website, if applicable |
| emergency meeting changes, and reminders at As a member of MHS, I understand that photos may be MHS may use photos of me in their newsletters and or I will take responsibility to inform the photographer that | ne taken at Madison Herb Society meetings and events and agree that in the website. If I do not want my photo taken at MHS events or meetings at I do not want my photo taken. |
| Signature | Date |
| How did you hear about the Garden Expo or H Membership Fee | lerb Fair? |
| □ \$25 Annually – Membership Year: S We are offering a sliding scale of \$15-\$35 for annual n continue to keep their membership at the previous \$15 | september 1, 2024 - August 31, 2025 \$25.00 membership, so that those who feel they cannot afford the increase can 5 level. We feel the true value of the membership is at least embership purchases. Multiple year renewals are not accepted. |
| ☐ I wish to make an additional optiona sale supplies and kitchen rental | donation to MHS to support our Herb Fair bake |
| Make Check Payable to: Madison He | rb Society Total enclosed \$ |
| This membership form must accompany p | payment. |
| Mail to: Madison Herb Society | Thank you for joining. We look forward to seeing you at future |

P.O. Box 8733 Madison, WI 53708-8733 **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.