



Austin Herb Society

Membership Application Form
01 June 2021 through 31 May 2022

Name: _____ Birthday: Month: _____ Day: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home #: _____ Mobile #: _____

Email: _____

[] Renewing Member [] New Member: How did you hear about AHS? _____

[] Regular annual membership fee \$30

[] Family annual membership fee \$45 (maximum 3 adults, in same household)

2nd name: _____ Birthday: Month _____ Day _____

Email: _____ Mobile #: _____

3rd name: _____ Birthday: Month _____ Day _____

Email: _____ Mobile #: _____

[] Sponsor and active member of AHS (Also complete a "Sponsor Membership Form".)

What topics would you suggest for upcoming programs? _____

We count on our members for our programs and activities. Please list specific interests and skills that you would share with AHS, for example: writing, photography, computer proficiency, producing YouTube videos, maintaining website, public speaking.

Please check at least three areas where you would like to volunteer your expertise:

- [] Community Education/Outreach [] Programs/Presentations/Speakers' Bureau
[] Maintaining Zilker Herb Garden [] Plant Sale Committee
[] Festivals, Symposiums, Seminars [] Publicity
[] Hospitality (coordinate refreshments at mtgs) [] Technology - assist with Zoom meetings
[] Leadership (club officer) [] Producing videos of meetings
[] Membership or Sponsor Support [] Website Support

[] I'd like to be added to the Culinary Group email list

[] I'd like to be added to the Herbal Product Study Group email group

Please print and complete this form; mail, along with a check payable to "Austin Herb Society", to:

Suzanne Cockreham
2907 Silverleaf Dr
Austin Texas 78757

For AHS Use: Credit ___ Cash ___ Check # _____ Check date _____ Amt _____ Date Rcvd _____ To Treas. _____
Rcvd New Member packet _____ Rcvd Garden Charm _____ Picture requested _____ Picture Rcvd: _____
In CC _____ Notice to Officers/Chairs _____