

**Membership Application Form**

**01 June 2021 through 31 May 2022**

*Name*: Click or tap here to enter text. *Birthday Month/Day*: Click or tap here to enter text.

*Address*: Click or tap here to enter text. *City*: Click or tap here to enter text. *State*: Click or tap here to enter text. Zip: Click or tap here to enter text.

*Home Phone*: Click or tap here to enter text. *Mobile Phone*: Click or tap here to enter text.

*eMail*: Click or tap here to enter text.

[ ] *Renewing Member*[ ]  *New Member****:*** *How did you hear about AHS?* Click or tap here to enter text.

[ ]  *Regular annual membership fee $30*

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

*2nd Name*: Click or tap here to enter text. *Birthday Month/Day*: Click or tap here to enter text.

*Email*: Click or tap here to enter text. *Mobile Phone*: Click or tap here to enter text.

*3rd Name*: Click or tap here to enter text. *Birthday Month/Day* Click or tap here to enter text.

*Email*: Click or tap here to enter text. *Mobile Phone*: Click or tap here to enter text.

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

* *What* ***topics*** *would you suggest for programs?*Click or tap here to enter text.
* *We count on our members for our programs and activities. Please list specific* ***interests and skills*** *that you would share with AHS, e.g., writing, photography, computer proficiency, producing YouTube videos, maintaining website, public speaking***.** Click or tap here to enter text.
* *Please check at least three areas where you would like to* ***volunteer*** *your expertise:*

[ ]  *Community Education/Outreach*

[ ]  *Maintaining Zilker Herb Garden*

[ ]  *Festivals, Symposiums, Seminars*

[ ]  *Hospitality (coordinate refreshments at mtgs)*

[ ]  *Leadership (club officer)*

[ ]  *Membership or Sponsor Support*

[ ]  *Programs/Presentations/Speakers’ Bureau*

[ ]  *Plant Sale Committee*

[ ]  *Publicity*

[ ]  *Technology – assist with Zoom meetings*

[ ]  *Producing videos of meetings*

[ ]  *Website Support*

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[ ]  *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 list*

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***Complete this form electronically and Email to*** ***slcockreham@yahoo.com******.***

***Mail a check payable to “Austin Herb Society” to****:*

 *Suzanne Cockreham*

 *2907 Silverleaf Dr*

 *Austin Texas 78757*

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***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*

*Electronic Version 28 Aug 2021*