

**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***](mailto: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*