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|  | | | | | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Phone:  Home #  Mobile #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  | | | | | | | | |
| \_\_\_\_Renewing Member | | \_\_\_\_\_New Member: How did you hear about AHS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Birthday Month/Day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| \_\_\_\_\_\_ | Regular annual membership fee $30 | | | | | | | |
| \_\_\_\_\_\_ | Family annual membership fee $45 (maximum three adults, in same household) | | | | | | | |
|  | 2nd Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Birthday Month/Day (if new): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Phone # | |
|  | 3rd Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Birthday Month/Day (if new): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Phone # | |
| \_\_\_\_\_\_ | Sponsor and active member of AHS (Also complete a “Sponsor Membership Form.”) | | | | | | | |
| \_\_\_\_\_\_ | One-time donation to purchase plants and supplies for the herb garden at Zilker Botanical Garden  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| $\_\_\_\_\_\_\_\_\_ | Total amount submitted | | | | | | | |
|  | | | | | | | | |
| What **topics** would you suggest for programs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  | | | | | | | | |
| List specific **interests and skills** that you would share with AHS (e.g., writing, photography, computer proficiency producing YouTube videos, maintaining website, public speaking). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  | | | | | | | | |
| Check at least three areas where you would like to **volunteer** your expertise: | | | | | | | | |
| Community Education/Outreach/Presentations/Speakers Bureau | | | | | | Publicity & social media | | |
| Festivals, Symposiums, Seminars | | | | | | Sponsor Coordination | | |
| Hospitality (coordinate refreshments at mtgs) | | | | | | Technology (assist with Zoom meetings) | | |
| Leadership (club officer or committee chair) | | | | | | Video Production of Meetings | | |
| Member Engagement | | | | | | Website Support | | |
| Plant Sale Committee | | | | | | Work in the Zilker Herb Garden | | |
|  | | | | | | | | |
| I’d like to be added to the following email list(s):  **Culinary Study Group** - a fun, informal opportunity to exchange information on using herbs in everyday cooking. | | | | | | | | |
| **Herbal Products Study Group** -exchange information on beneficial herbal products. | | | | | | | | |
|  | | | | | | | | |
| ***Complete and mail this form, along with a check payable to Austin Herb Society to:***  *Becky Engle, 9512 Vera Cruz, Austin, TX 78737* | | | | | | | | |
|  | | | | | | | | |
| ***For AHS Use:*** | | | *Credit \_\_\_Cash \_\_\_Check #\_\_\_\_\_\_\_* | *Check date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | *Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *Date Rcvd\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | *In CC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *Scanned\_\_\_\_\_\_\_* | | | |  |