|  |
| --- |
|  |
| 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\_\_\_\_\_\_\_* |  |