

The Herb Society of Greater Cincinnati Membership Application

CONSTITUTION ARTICLE II: PURPOSE

The purpose of the organization is to promote interest in the growing and use of herbs and to exchange information and experiences related to herbs.

The Herb Society of Greater Cincinnati is a dynamic organization that expects all members to be active participants. **A yearly commitment of attendance at four monthly meetings is required, as well as four hours of service.** Committee Chairs and each member will hours given.

ASA MEMBER OF THE HERB SOCIETY OF GREATER CINCINNATI, I WOULD LIKE TO CONTRIBUTE IN THE FOLLOWING AREAS:

_____ Herbarium / Journaling

_____ Program Presentation

_____ Special Events / Fundraisers

_____ Hospitality at Monthly Meetings

_____ Other educational endeavors or activities specified by the Board

I am also interested in participating in the following **FOCUS GROUPS**: (Focus Group meetings do not count towards attendance or service hours unless specifically stated.)

_____ Crafts

_____ Culinary

_____ Horticulture

_____ Book Club

_____ At the time of acceptance in The Herb Society of Greater Cincinnati, I will pay the annual dues of **\$50.00** within two weeks.

_____ I do not wish to be a member of The Herb Society of Greater Cincinnati, but would like a subscription to the quarterly newsletter, ***The Herbaletter***, at an annual rate of **\$25.00**.

_____ While on the Membership Waiting List, I wish to subscribe to the quarterly newsletter at **\$25.00** per year.

ALL CHECKS SHOULD BE MADE PAYABLE TO The Herb Society of Greater Cincinnati AND MAILED TO THE MEMBERSHIP CHAIRMAN, ALONG WITH THIS FORM.

PLEASE PRINT OR TYPE:

NAME _____ **DATE** _____

ADDRESS _____

SPOUSE'S NAME (OPTIONAL) _____

PHONE: HOME _____ **CELL** _____

EMAIL: _____ **BIRTHDAY (MONTH /DAY)** _____

MEMBERSHIP CHAIRMAN:

Sandra Manteuffel 69 Locust Hill Road Cincinnati, OH 45245 513-752-8233 ChiveChick@aol.com

Date Received by Chm _____ Check _____