

The Herb Society of Greater Cincinnati Membership Renewal Application
October 1, 2026 – September 30, 2027

New Member _____
Renewal _____

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 log attendance and hours.

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

_____ Herb Garden at Spring Grove	_____ Help with Herb Society Community Outreach
_____ Program Presentation	_____ Monthly Horticulture Report
_____ Special Events / Fundraisers	_____ Herb & Plant Sale
_____ Hospitality at Monthly Meetings	_____ Other projects & activities as approved 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

_____ I wish to join or renew my membership to the Herb Society of Greater Cincinnati for the upcoming year (Oct.1, 2026/Sep. 30, 2027). I have chosen my areas of service from above. Enclosed/attached is my check or cash for the annual dues of **\$50.00**. Dues are **\$25.00** to anyone joining after April 1 of the Herb Society Year (October to September).

_____ I desire to join as an Associate Member and meet the criteria under Policy, page 11 in the Constitution and pay the annual dues of **\$55.00**.

ALL CHECKS SHOULD BE MADE PAYABLE TO The Herb Society of Greater Cincinnati AND GIVEN TO THE MEMBERSHIP CHAIRMAN, ALONG WITH THIS FORM AT THE JULY MEETING. PLEASE PRINT OR TYPE:

NAME _____ **DATE** _____

ADDRESS _____

SPOUSE'S NAME (OPTIONAL) _____

PHONE: HOME _____ **CELL** _____ **Birthday: (Month/Day)** _____

EMAIL: _____

Meetings Attended for 2025-2026

_____ 10/15/25	_____ 1/21/26	_____ 4/15/26	_____ 7/15/26
_____ 11/19/25	_____ 2/18/26	_____ 5/15/26	_____ 8-19-26
_____ 12/10/25	_____ 3/18/26	_____ 6/17/26	_____ 9/16/26

Activities for	Service Hours
Herb Garden	_____
Horticulture Talk	_____
Members Plant Sale	_____
Special Event (Fund Raiser)	_____

Activities	Service Hours
Program Presentation	_____
Monthly Hospitality	_____
Other (Must be Board Approved)	_____

MEMBERSHIP CHAIRMAN:

Carla Roller 415 Fleming Rd. Wyoming, OH 45231 513-477-2986 rroller@fuse.net

Date Received by Chm _____ Check # _____