The Herb Society of Greater Cincinnati Membership Renewal Application **New Member_____**
October 1, 2026 – September 30, 2027 **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
_____ Program Presentation
_____ Special Events / Fundraisers
_____ Hospitality at Monthly Meetings
_____ Help with Herb Society Community Outreach
_____ Monthly Horticulture Report
_____ Herb & Plant Sale
_____ 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 am willing to serve on the Board as a Committee Chair or Co-Chair.
(One year membership required.
_____ 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	Activities	Service Hours
Herb Garden	_____	Program Presentation	_____
Horticulture Talk	_____	Monthly Hospitality	_____
Members Plant Sale	_____	Other (Must be Board Approved)	_____
Special Event (Fund Raiser) _____			

MEMBERSHIP CHAIRMAN:
Lisa Wall, 3284 Shoshoni Court, Hamilton, Ohio 45011 Lisawall011@gmail.com 513-889-0922

Date Received by Chm _____ Check # _____