



THE HERB SOCIETY OF AMERICA
SOUTH TEXAS UNIT

P.O. Box 6515
HOUSTON, TEXAS 77265-6515

MEMBERSHIP APPLICATION

Mission Statement: The Herb Society of America is dedicated to promoting the knowledge, use and delight of herbs through educational programs, research and sharing the experience of its members with the community.

NAME: _____ SPOUSE: _____
ADDRESS: _____ BIRTHDATE (MO./DAY) ____ / ____
CITY, STATE: _____ ZIP: _____
HOME PHONE: (____) _____ WORK PHONE: (____) _____
CELL OR FAX: (____) _____ E-MAIL ADDRESS: _____

I am already a member in good standing of the HSA and am applying for Affiliate membership with the STU.

____ Please indicate the Unit name or if a Member-at-Large _____

I AM INTERESTED IN: (Check all that apply)

- ____ HERB GARDENING
____ CULINARY USE OF HERBS
____ HERB CRAFTING
____ BOTANICAL STUDY
____ COMMERCIAL GROWING
____ OTHERS: _____

I AM INVOLVED IN: (Check all that apply)

- ____ MAINTAINING A PRIVATE HERB GARDEN
____ MAINTAINING A PUBLIC HERB GARDEN
____ LECTURING ON HERBS
____ TEACHING CLASSES ON HERBS
____ AN HERB-RELATED BUSINESS
____ OTHERS: _____

____ I completed my 2 hour pre-application gardening requirement on _____ at the Hermann
____ Park / Sam Houston Park garden (circle one).

____ I have attended 3 monthly meetings in the past 12 months.

FROM WHOM OR HOW DID YOU HEAR ABOUT THE H.S.A.? _____

I BELONG TO: (please indicate any horticultural or conservation related groups) _____

____ ADDITIONAL INFORMATION OR COMMENTS YOU WISH TO SHARE: _____

I UNDERSTAND AND AGREE WITH: (Please check off each one)

- ____ The South Texas Unit of The Herb Society is governed by the principles, constitution, and by-laws of the Herb Society of America.
____ The members of The Herb Society of America shall not use the prestige of membership for any advertising of their products, or products they may sell.
____ The National Publications Committee must approve anything that is to be published by a member of a Unit in the name of The Herb Society of America for distribution to the public.
____ No advice shall be given on the medical use of herbs except by a qualified Doctor of Medicine, and if you are a Doctor of Medicine, you shall not use the name of The Herb Society of America in any way in your practice of medicine.

I HAVE FULLY AND TRUTHFULLY ANSWERED THE ABOVE QUESTIONS, AND HEREBY APPLY FOR MEMBERSHIP IN THE SOUTH TEXAS UNIT OF THE HERB SOCIETY OF AMERICA.

PLEASE SIGN YOUR NAME: _____

DATE: _____

