



APPLICATION FOR MEMBERSHIP

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 have attended 3 monthly meetings in the past 12 months.

____ I am already a member in good standing of the HSA and am applying for Affiliate membership with the STU. Please indicate the other HAS Unit name or if a Member-at-Large: _____

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

FROM WHOM OR HOW did you hear about the H.S.A. or the South Texas Unit? _____

I AM INTERESTED IN: (Check all that apply)

- | | |
|---|--|
| ____ HERB GARDENING (herbal horticulture) (GAR) | ____ CULINARY USES OF HERBS (CUL) |
| ____ BOTANY (plant sciences & ecosystems) (BOT) | ____ NUTRITIONAL ASPECTS OF HERBS (NUT) |
| ____ COMMERCIAL GROWING (COM) | ____ CRAFTING WITH HERBS (CRF) |
| ____ HERB GARDEN DESIGN (DES) | ____ HERBAL-THEMED STITCHERY (SEW) |
| ____ HERBAL SYMBOLISM AND FOLKLORE (FLK) | ____ HERBAL FRAGRANCE & AROMATHERAPY (FRA) |
| ____ HERBS THAT HAVE CHANGED HISTORY (HST) | ____ HERBAL PROJECTS FOR CHILDREN (HCH) |
| ____ HERBAL RESEARCH AND WRITING (HRW) | ____ OTHER: _____ |

MY FAVORITE VOLUNTEER ACTIVITIES WOULD INCLUDE: (Check all that apply)

- | | |
|--|-----------------------------|
| ____ HERB FAIR (the STU annual fundraiser) | ____ HOST/CO-HOST A MEETING |
| ____ HERB DAY (the STU annual educational event) | ____ WRITE A SHORT ARTICLE |
| ____ PROVIDE A PROGRAM FOR AN STU MEETING | ____ JOIN A COMMITTEE |

I HAVE THE FOLLOWING SKILLS THAT MIGHT SUPPORT THE STU AND ITS ACTIVITIES: (Check all that apply)

- | | |
|---|---|
| ____ ACCOUNTING OR BOOKKEEPING | ____ SOCIAL MEDIA |
| ____ WEBSITE DESIGN OR MAINTENANCE | ____ GRAPHIC DESIGN OR ARTISTIC TALENTS |
| ____ MARKETING / ADVERTISING / PUBLICITY | ____ EVENT PLANNING |
| ____ BUSINESS / ADMINISTRATIVE EXPERIENCE | ____ WRITING OR EDITING |
| ____ OTHER: _____ | |

Please continue to page 2 on the back

APPLICATION FOR MEMBERSHIP (continued)

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. I ACKNOWLEDGE THAT THERE IS AN ANNUAL MEMBERSHIP FEE OF \$67.50 CONSISTING OF \$12.50 FOR THE LOCAL STU AND \$55.00 FOR MEMBERSHIP IN THE NATIONAL HSA. FOR THOSE JOINING MID-YEAR, THE MEMBERSHIP FEE IN THE NATIONAL HSA WILL BE PRO-RATED.

PRINTED NAME

SIGNATURE

DATE

THANK YOU FOR YOUR INTEREST IN THE HERB SOCIETY OF AMERICA – SOUTH TEXAS UNIT