

MEMBERSHIP FORM

Name(s) \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Membership Dues:

Individual: \$55.00

Joint (Couple): \$80.00

Student: \$30.00

Check/Cash/Payment Plan (circle one)

Areas of special interest:

\_\_\_\_\_

\_\_\_\_\_

Mail to:

Northeast Wisconsin Unit of The Herb Society of America or NEWHSA

PO Box 277

Seymour, WI 54165