



A unit of The Herb Society of America

Provisional Membership Form

Name: _____ Date: _____

Spouse's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) ____-____ E-Mail: _____

To encourage **Going Green**, I would like to receive my newsletter via e-mail. Yes / No

Birthday (Month and day): _____

How did you hear about us? _____ A meeting as a guest
_____ Workshops _____ PHHS Herbal Delights Symposium
_____ Classes _____ Lectures

How long have you been interested in gardening or herbs: _____

Do you belong to other horticultural organizations? Yes / No

If yes, which one(s)? _____

Tell us a little about yourself and your garden: _____

I am interested in sharing knowledge of or learning about herbs as follows. (Please circle all that apply):

- | | | |
|------------------------|-------------------|---|
| ♥Cooking | ♥Healing | ♥Herbal dyes |
| ♥Drying | ♥Herb crafts | ♥Herb gardens |
| ♥Perennials/Annuals | ♥Aromatherapy | ♥Visiting herb gardens |
| ♥Planning herb gardens | ♥Companion plants | ♥Plant exchanges |
| ♥History | ♥Botany | ♥Attract birds, butterflies, bats, etc. |
| ♥Propagating | ♥Seed exchange | ♥Repellants |
| ♥Other: _____ | | |

Mail the \$10 Provisional Membership fee made payable to PHHS along with this form to: Patricia Pitkin, PHHS Membership Chair, 12 von Zech Way, Mohrsville, PA 19541