

Pennsylvania Heartland Herb Society, HSA
Annual Membership Dues

April 1, _____ to March 31, _____

All information must be completed and included with your dues payment. It would be most helpful if any changes not recorded in the previous yearbook/roster are noted on this form as "CHANGED".

Thank you for your assistance.

Name _____

Address _____

Telephone: Home (____) _____ Cell (____) _____

E-mail Address _____

Membership Dues Category (please check all that apply):

_____ Active Member ¹\$65 _____ Charter Member¹ \$65 _____ Associate ¹\$65 _____ Sustaining¹ \$65
_____ Joint Membership ²\$94.50 _____ Lifetime ²\$10 _____ Leave of Absence ³\$55

¹ Dues amount for Active, Charter, Associate, & Sustaining Unit members - \$65.00
(Herb Society of America: \$55, Pennsylvania Heartland Unit: \$10.00)

² Dues amount for Joint Membership - \$97.50 (2 or more members living in one household or receiving mail at the same address; 75% of 2 single memberships)

³ Dues amount for Herb Society of America Lifetime member - \$10.00 (Unit dues only)

⁴ Leave of absence dues - \$55.00 (Herb Society of America dues only)

Membership Standing (if not listed above):

_____ Charter Member _____ Rosemary Circle _____ Golden Sage

For leave of absence status a request must be made in writing to the Board on an annual basis.

The deadline for dues payment is the date of the Annual Meeting in April. A late fee of \$5.00 will be assessed if payment is not made by the deadline.

If Unit dues are not paid by May 15th, membership will be terminated.

Make checks payable to **PHHS** and submit with this form at a Unit meeting or mail to:
Pat Pitkin, 12 von Zech Way, Mohrsville, PA 19541.

Membership