



Membership Application Form

Applicant Information

First Name _____

Last Name _____

Organization _____

Address _____

City _____

Postal Code _____

Phone # _____

Email _____

Additional Information

Renewal or New Membership (circle one)

Are you interested in volunteering? (check areas of interest)

- Herb Garden Herb Fest Newsletter Hospitality
- Executive Speaking/Workshops Promotions Vendors
- Special Events Other? Please specify:

- Membership Type: Individual (\$25.00)
- Family (\$35.00)
- Business (\$50.00)

Mail the completed form to: **Herb Society of Manitoba**
PO Box 61004 RPO Grant Park
Winnipeg, MB R3M 3X8

Questions or comments? Get in touch with us at: herbs@herbsocietymb.ca