

**THE HERB SOCIETY OF AMERICA  
SOUTH JERSEY UNIT**



**New Member Application and Questionnaire**

Yes, I'd like to join. Here is my check for \$70 (\$55 National; \$15 Local) Make check payable to HSA South Jersey Unit and mail with application to Ms. Ann Kowal, 392 Nottingham Rd. Woodbury 08096.  
\*Note: If applying after September 1, please contact Ms. Andrea Sparano, Membership Chair, at 609-471-2169 for prorating the fee.

For more information, email [onaraps@comcast.net](mailto:onaraps@comcast.net) or phone 609-471-2169

Date Applying: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s): Cell \_\_\_\_\_ Landline: \_\_\_\_\_

Email address \_\_\_\_\_ Birthday (mth/da) \_\_\_\_\_

What aspect of herbs are you most interested in? (Please check all that apply):  
Growing \_\_\_\_\_ Culinary \_\_\_\_\_ Crafts \_\_\_\_\_ Medicinal \_\_\_\_\_ Other \_\_\_\_\_ (specify)

What kind of growing facilities do you have?  
Garden \_\_\_\_\_ Window box \_\_\_\_\_ Container \_\_\_\_\_ Greenhouse \_\_\_\_\_

Do you belong to any other herb/garden/horticultural organizations? If yes, please specify: \_\_\_\_\_

Are you will to present a program to the group on a subject about which you are knowledgeable? \_\_\_\_\_  
If yes, please specify:

What sort of programs would you like to see: Please list any ideas you may have:  
Field trips \_\_\_\_\_ Community programs \_\_\_\_\_ Research \_\_\_\_\_ Seminars \_\_\_\_\_ Presentations \_\_\_\_\_  
Other \_\_\_\_\_

Like us on FACEBOOK: Herb Society of America South Jersey Unit  
Unit website: [www.hsasouthjersey.org](http://www.hsasouthjersey.org)