



MEMBERSHIP / RESOURCES LIST - APPLICATION FORM

Membership runs from 1st January to 31st December

- PARENT BODY NORTHERN DISTRICTS PEEL DISTRICTS
- \$25 – Single Membership or \$35 – Family Membership

NAME:
 Dr / Mr / Mrs / Miss / Ms (please print clearly)

ADDRESS:
 Post Code:

Phone: e-mail

Resource List registration runs from 1st January to 31st December

For publication in business card size box in "Herbal Thymes", the registered
 newsletter of The Herb Society of Western Australia; and on the society's website:
www.herbsocietywa.com.

- \$20 – Resource List

Name, address and phone number you wish to appear in the Resources List
 (if different to details above)

BUSINESS NAME:

ADDRESS:
 Post Code:

Phone: Website

Short Description of product / service you provide:

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Signed Date

Total Paid \$

Payment may be made by cheque or cash at a general meeting, or post to:
The Secretary, Herb Society of Western Australia (Inc), PO Box 427, COMO, WA, 6952
 Cheques should be made payable to "Herb Society of Western Australia".

Office Use:

Receipt No: _____ Received by: _____ Date: _____

- Badge Label Membership Book Membership Card

Forwarded to:
 Newsletter Editor: (Date) _____ Website Coordinator: (Date) _____

Filed where: _____