



Queen Mab's CSM Application Form

Name: _____

Address: _____

E-Mail: _____

Phone: _____

Please Indicate which of the choices below you would like.

FULL SHARE: \$400 _____ **with Shipping: \$450** _____

HALF SHARE: \$200 _____ **with Shipping: \$250** _____

QUARTER SHARE: \$100 _____ **with Shipping: \$125:** _____

Members for 4 years or more, take 12.5% off Share Price (Full=\$350; Half=\$175; Quarter=\$87)
Other returning members, take 6% off Share Price (Full=\$375; Half=\$187; Quarter=\$93)

Please list all pharmaceutical and other medications you (or any member of the family who may be using these herbs) are currently taking. And please list any allergies. _____

I understand that the information provided with Queen Mab's CSM membership is for informational purposes only and is not intended to diagnose, prescribe, treat or prevent disease.

I understand that the information and products provided by Queen Mab's CSM have not been evaluated by the FDA and are not intended as a substitute for advice, diagnosis and treatment by a doctor or other qualified health care professional. I understand that I should consult with a qualified health care practitioner before deciding on any course of treatment, especially for serious or life-threatening illnesses.

I understand that Queen Mab's CSM is not responsible for any illness, injury, adverse reaction resulting from the use of any Queen Mab's product. Queen Mab's CSM is not responsible for the improper use or ingestion of herbs. Queen Mab's CSM makes no guarantees regarding the results of any recommendations. I will keep all herbal medicines out of reach of children.

Queen Mab's CSM will provide information about what the herbs have traditionally been used for and what certain scientific studies have validated. Queen Mab's CSM is not claiming that these products will cure any of these ailments or that they were created to cure these disorders. QM's CSM is merely reporting that traditionally people have used these products to support certain conditions.

SIGNED: _____ DATE: _____

**Please make check out to Tish Streeten-CSM and mail with this completed and signed application form to:
Queen Mab's CSM, PO Box 314, Furlong, PA 18925**

OR

You can pay on-line at queenmabscsm.com/join-now/ or through PayPal or Venmo and then scan or take a picture and e-mail this application form to fishstreefen@gmail.com