

# MMS MEMBERSHIP APPLICATION / RENEWAL FORM

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

New Member \_\_\_\_\_ Renewal \_\_\_\_\_

**Membership/Renewal with electronic newsletter:**

Individual (\$20) \_\_\_\_\_ Family (\$25) \_\_\_\_\_ Student (\$15) \_\_\_\_\_

**Membership/Renewal with postal newsletter:**

Individual (\$25) \_\_\_\_\_ Family (\$30) \_\_\_\_\_ Student (\$20) \_\_\_\_\_

**(Make check payable to MMS)**

**Optional: I also want to join NAMA at the special MMS member- affiliated rate:**

\$25.00 Individual with electronic newsletter \_\_\_\_\_

\$40.00 Individual/Family with postal newsletter \_\_\_\_\_  
**(Include a separate check payable to NAMA)**

**Send application form, check(s) and release to:  
 Minnesota Mycological Society  
 P.O. Box 211444  
 Egan, MN 55121**

**RELEASE**

I (We) realize that when engaged in wild mushroom activities, serious physical injury and personal property damage may accidentally occur. I (We) further realize that there is the possibility of having an allergic reaction to, or being poisoned by eating wild mushrooms, and that the adverse reactions to eating wild mushrooms range from mild indigestion to fatal illness.

Knowing the risks, I (We) agree to assume the risks, and agree to release, hold harmless and indemnify the Minnesota Mycological Society, and any officer or member thereof, from any and all legal responsibility for injuries or accidents incurred by myself or my family during, or as a result of any mushroom identification, field trip, excursion, publication, meeting, dining or any other activity sponsored by the MMS.

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

**The MMS meets in Room 110 Green Hall on the St. Paul Campus of the U of MN (unless otherwise noted). Check the website for meeting dates and times: [www.minnesotamycologicalsociety.org](http://www.minnesotamycologicalsociety.org)**

