

# MMS MEMBERSHIP APPLICATION / RENEWAL FORM

Name \_\_\_\_\_ Name \_\_\_\_\_

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

Email \_\_\_\_\_ Email \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ New Member \_\_\_\_\_ Renewal \_\_\_\_\_

**Select One:**

**Dues with electronic newsletter:**

Individual (\$20) \_\_\_\_\_

Family (\$25) \_\_\_\_\_

Student (\$15) \_\_\_\_\_

**Dues with black & white postal newsletter:**

Individual (\$40) \_\_\_\_\_

Family (\$45) \_\_\_\_\_

Student (\$35) \_\_\_\_\_

**(Make MMS Dues check payable to: MMS)**

**\*\*\* Optional \*\*\***

I also want to join NAMA at the special MMS member-affiliated rate. Please include a separate check made payable to: NAMA.

\$25 Individual with NAMA electronic newsletter \_\_\_\_\_

\$40 Individual/Family with NAMA postal newsletter \_\_\_\_\_

**RELEASE (one per individual)**

I realize that when engaged in wild mushroom activities, serious physical injury and personal property damage may accidentally occur. I 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 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, family and friends 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: \_\_\_\_\_

***Send this page with all checks & signed release (one per individual)***

**to:**

**Minnesota Mycological Society  
P.O. Box 211444  
Eagan, MN 55121**