

MMS MEMBERSHIP APPLICATION / RENEWAL

Name(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

Work Phone (____) _____

Email _____

Indicate: Individual (\$20.00) _____ or Family (\$25.00) _____
 Student (\$15.00) _____ (Checks payable to MMS)

Is this membership new? _____ or Renewal _____

Optional: I also want to join NAMA at the special MMS member rate of \$32.00 _____ (Checks payable to NAMA)

Newsletter Delivery (Save the Trees!)

Send via Postal Mail _____ Send via Email _____

Send all checks to: Minnesota Mycological Society
 P O Box 211444
 Eagan, MN 55121

For 2012

RELEASE

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

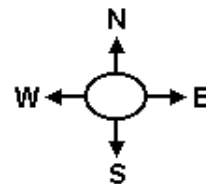
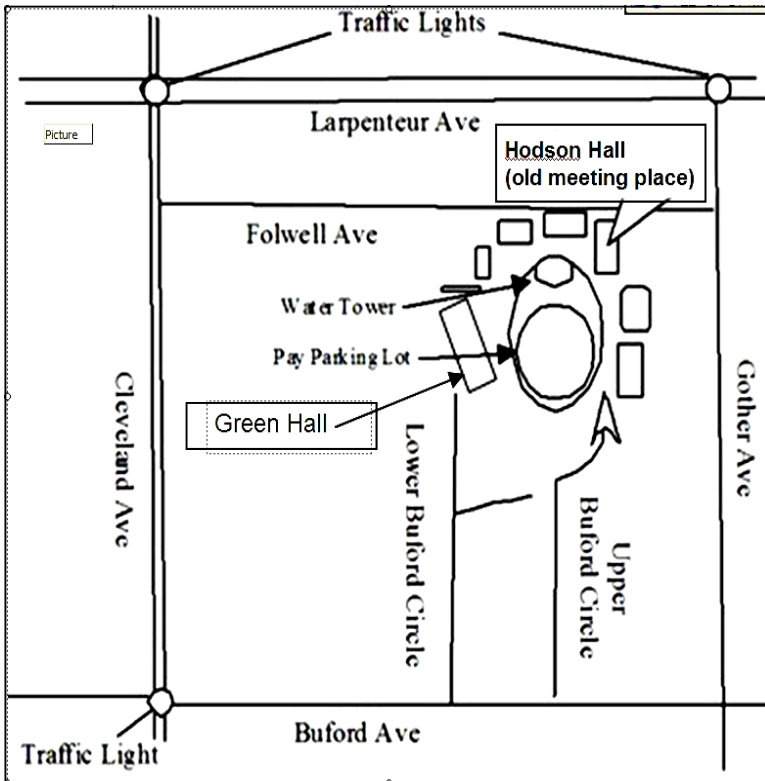
Knowing the risks, I (We) agree to assume the risks and agree to release, hold harmless, and indemnify the Minnesota Mycological Society and any officer or member thereof, from any and all legal responsibility for injuries or accidents incurred by myself or my family during or as a result of any mushroom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

Signature: _____

Date: _____

Signature: _____

Date: _____



The Minnesota Mycological Society meets the second Monday of the month. Meeting are held in Room 110 Green Hall on the St. Paul Campus of the University of Minnesota (unless otherwise noted). Meeting time: 7:15 P.M.