

**GULF STATES MYCOLOGICAL SOCIETY, INC.**  
**MEMBERSHIP APPLICATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

For family membership: spouses'/significant others' name \_\_\_\_\_

Children over 18 names: \_\_\_\_\_

Address \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

Street

e-mail \_\_\_\_\_

City

State

Zip code

**Primary Mycological Interests**

Culinary (learning edible/poisonous species, recipes, cooking)

Cultivation

Photography

Taxonomic/Microscopy/Educational (learning species)

**MEMBERSHIP DUES:      \$15.00 - INDIVIDUAL                      \$20.00 - FAMILY**

Membership is from January to December. A newsletter is published 3 times a year. There are two major forays, one in the summer and the other in December. Get-togethers with members between major forays are encouraged.

**SEND THIS APPLICATION AND CHECK PAYABLE TO:**

**GSMS, C/O Patricia Lewis - Treasurer, 262 County Road 3062, Newton, TX 75966**

**phone: (409) 423-3776      Email: dandplewis (at) gmail.com**

**Please enter the email address properly in the address line of your email.**

-----  
***RELEASE OF RESPONSIBILITY***

In signing this form for myself and/or an adult responsible for all children under the age of 18, I understand and agree to absolve, waive, release and discharge in advance the GULF STATES MYCOLOGICAL SOCIETY, INC., all of the officers, members, organizers, and sponsors, be they individuals or organizations, singly or collectively, of all blame for injury, misadventure, harm, loss, or inconvenience suffered as a result of participation in any society activity associated with the GULF STATES MYCOLOGICAL SOCIETY, INC. I represent that I am in good physical and mental condition, and that I have sufficient skill and experience to safely complete any foray or outing in which I choose to participate. I realize that in mushroom hunting, there is the possibility of accidental or other physical injury and that property damage and serious injury can occur as a result of the society's activities and from the ingestion of mushrooms that have been misidentified. I further realize that even when ingesting properly identified and commonly consumed varieties of mushrooms there is always the possibility of becoming poisoned which can take various forms from mild indigestion to fatal illnesses. Knowing the risks, I agree to assume the risks, agree to release, hold harmless, and to indemnify the GULF STATES MYCOLOGICAL SOCIETY, INC. from any and all liability to the society by either myself or any third party as a result of my participation in any event involving the society.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Any person signing must be 18 years or age or older. If a couple, each must sign. At least one parent must sign for each individual under 18 years of age.

\*\*\*\*\*

**Membership in the North American Mycological Association, with whom most local clubs are affiliated, may be obtained through GSMS at a discounted rate of \$32.00.**

**Mail your check to: *Treasurer, GSMS - at the address above***

**Payable to: *North American Mycological Association***