

GULF SOUTH 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: Please indicate your interest:

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, usually one in July and the other in December.

SEND THIS APPLICATION AND CHECK PAYABLE TO GSMS to:

GSMS, C/O Treasurer, 1213 National St., Vicksburg, MS 39180

phone: (832) 316-0838 Email: gulfsouthmycologicalsociety@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 SOUTH 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 SOUTH 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 SOUTH 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 \$25.00 - electronic newsletters and \$40.00 – hard copy newsletters.

Mail your check to: GSMS - at the address above

Payable to: North American Mycological Association

See NAMA at www.namyo.org for more information