

2019

**MID-HUDSON MYCOLOGICAL ASSOCIATION  
MEMBERSHIP APPLICATION & RELEASE FORM**

**MEMBERSHIP LEVEL REQUESTED (Please Circle One)**

**Family: \$20 Individual: \$15 Full Time Student: \$10**

**PLATINUM & GOLD SUPER AWESOME BENEFACTOR LEVEL: \$**

**(Fill In Your Own Generous Amount And Tell Us What The Club Is Worth To You!)**

**NAME(s):** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **NEW MEMBER? Y / N**

**MEMBER SINCE** \_\_\_\_\_ **Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

**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 possibility of having an allergic reaction to, or being poisoned by, the consumption of fungi and/or other foraged plant life, and that these adverse reactions can range from mild indigestion to fatal illness.

Knowing that there are potential risks, I (We) promise to assume the risks, and promise to both hold harmless and to indemnify the Mid-Hudson Mycological Association as well as 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, foraging excursion, meeting or dining, conducted by the club, club officers, or club members.

**NAME (Please Print Legibly):**            **Email Address (Please Print Legibly)**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please send your completed application, signed & dated, w/check or money order payable to MHMA to:  
MHMA Membership – C/O Carol McDonald – 249 Stanton Road-Coeymans Hollow, NY 12046

If You Have Any Questions, Please contact Carol at [oakmando@gmail.com](mailto:oakmando@gmail.com)

MHMA members are entitled to discounted membership w/North American Assoc. (NAMA) If you are interested in joining NAMA (<http://www.namyco.org/join/index.html>) or renewing your NAMA membership please send your name, address, home and work telephone number(s), email address, and check payable to NAMA to: NAMA Membership - Steve Bichler 6018 Illinois Ln SE, Unit B Lacey, WA 98513

If you are interested in volunteering please indicate your interest below:

\_\_\_ Walks \_\_\_ Webmaster \_\_\_ Other \_\_\_\_\_