

COMA 2010 Membership Application

Connecticut-Westchester Mycological Association

Please enter your name(s) and email address as you wish them to appear on your *SPORES ILLUSTRATED* Newsletter and other COMA correspondence for the upcoming year (please print clearly).

Name(s) _____

Address _____

City/State/Zip _____

Telephone _____ e-mail address _____

The Annual Membership fee for individuals and family is only \$25. Please mail this fully completed membership form and a check for \$25 payable to COMA to:

Beverly Leffers/ 29 Prospect Park West/ Brooklyn, NY 11215

We encourage you to also become a member of **NAMA** (*North American Mycological Association*). For information on joining **NAMA** at a reduced rate of \$32 for **COMA** members log onto www.namyco.org.

COMA's continued success as a non-profit educational organization depends on the enthusiasm of its volunteers. Please check any of the following areas in which you would be willing to help the club:

Lead Walks _____ Publicity _____ COMA Foray _____ Annual Dinner _____
Membership _____ Announcements _____ Newsletter _____ Education _____

*Article 2b of the COMA by-laws requires all members to sign a **release form** as produced below.*

I (We) _____

and _____

hereby release COMA and any officer or member thereof from any and all liability arising out of or relating to any injury, accident or illness of any nature occurring during or as a result of any field trip, foray, or excursion.