

MID HUDSON MYCOLOGICAL ASSOCIATION MEMBERSHIP/RELEASE  
FORM

DUES (PLEASE CIRCLE ONE) FAMILY: \$20      INDIVIDUAL: \$15      FULL TIME STUDENT: \$10

Name(s) \_\_\_\_\_

Address  
\_\_\_\_\_

e-mail (important!) \_\_\_\_\_

Phone \_\_\_\_\_

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 consumption 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 to indemnify the Mid-Hudson Mycological Association, 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, meeting or dining, sponsored by the club.

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

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

Please send your completed application, signed and dated, with your check to "MHMA" to:  
Cynthia Fisher, MHMA Treasurer, 203 Lily Lake Road, Highland, NY 12528

As a member of MHMA you are entitled to Discounted Membership with the North American Mycological Association. If you are interested in joining or renewing NAMA membership through MHMA, please include an additional check for \$32 per person made out to "NAMA" and include it in the envelope with this form and we will forward your NAMA renewal.