



MEMBERSHIP APPLICATION

ABOUT US

Asheville Mushroom Club is a 501(c)(3) nonprofit that promotes the enjoyment, study, and exchange of Information about wild mushrooms. Everyone who has an interest in wild mushrooms is welcome to become an AMC member.

Members may participate in:

- AMC electronic bulletins
- Eight monthly AMC meetings
- Possible participation in AMC forays when offered
- Discount on AMC merchandise
- Annual AMC holiday potluck & auction

DUES

Membership runs from January 1st to December 31st. New members may join at any time; those joining after September 1st receive extended membership through the following year.

Annual dues: \$20 for individuals / \$25 for families.

Lifetime memberships: \$200 for individuals / \$250 for families.

TO REGISTER FOR OUR APRIL MOREL FORAYS A CURRENT MEMBERSHIP IS REQUIRED BEFORE MARCH 1.

VOLUNTEER OPPORTUNITIES

Below are some opportunities for club involvement. Please check your areas of interest:

- | | |
|---|--|
| <input type="checkbox"/> Help organize forays | <input type="checkbox"/> Give a program at a monthly meeting |
| <input type="checkbox"/> Record mushrooms found on forays | <input type="checkbox"/> Print and assemble name tags |
| <input type="checkbox"/> Welcome & orient new members at meetings | <input type="checkbox"/> Assist with web page |
| <input type="checkbox"/> Line up speakers for meetings | <input type="checkbox"/> Moderate Social Media Groups |
| <input type="checkbox"/> Present or assist with a club workshop | <input type="checkbox"/> Participate in special projects |
| <input type="checkbox"/> Scout for foray locations or lead forays | |

ABOUT YOU

Application Type (please check one): New Membership Renewal

Membership Type (please check one): Individual Family Lifetime(Individual) Lifetime(Family)

FAMILY MEMBERSHIP CONSTITUTES IN-HOUSEHOLD FAMILY MEMBERS

Members receive one complimentary name badge, check if desired: Yes No

You'll receive contact information in the President's Welcome e-mail to order your name badge

First Name: _____ Last Name: _____

If family membership, list additional family members: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email address: _____

ONLY ONE EMAIL ADDRESS PER FAMILY IS ALLOWED.

LIABILITY RELEASE

Signing our liability release is a requirement for membership. Please read carefully and indicate your acceptance by signing below. Insert additional signatures if your family membership includes more than two people.

I (We) realize that when engaged in wild mushroom activities, that serious physical injury and personal property damage may accidentally occur. I (We) further acknowledge that there is always the possibility of having an allergic reaction to or being poisoned by eating 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 Asheville Mushroom Club, 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, walk, foray, field trip, excursion, meeting or dining sponsored by the club.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Additional family members please sign and date below

Please return completed form with check payable to: Asheville Mushroom Club.

Asheville Mushroom Club

PO Box 815

Leicester NC 28748