

Eastern Penn Mushroomers

APPLICATION FOR MEMBERSHIP 2024

NAME(s): _____

ADDRESS: _____ P.O. BOX: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: Home: _____ Cell: _____

E-mail Address: _____

Check here if contact information has changed from original application

DUES: (Select one)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Family Membership (See note below at *) | \$20.00 (\$21 if payment via PayPal) |
| <input type="checkbox"/> Individual Membership | \$15.00 (\$16 if payment via PayPal) |

Please indicate your interests:

- | | |
|--|--|
| <input type="checkbox"/> Learning Mushrooms | <input type="checkbox"/> Eating Wild Mushrooms |
| <input type="checkbox"/> Mushroom Walks | <input type="checkbox"/> Mushroom Photography |
| <input type="checkbox"/> Mushroom Art | <input type="checkbox"/> Mushroom Dyeing |
| <input type="checkbox"/> Cooking with Wild Mushrooms | <input type="checkbox"/> Cultivating Mushrooms |

I hereby release the Eastern Penn Mushroomers and any officer or member thereof from any legal responsibility for injuries or accidents incurred during or as a result of any field trip, excursion, or meeting sponsored by the association.

APPLICANT'S SIGNATURE: _____ DATE: _____

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***For a family membership, all adults covered by the membership must sign.** By signing above, adult members are signing for all minors covered by a family membership. If more space is needed, use the back of the form.

To Pay By Check:	To Pay By PayPal
Return application and check made out to Eastern Penn Mushroomers to: EPM Membership c/o Joshua Huber 315 N Mt. Joy Street Elizabethtown, PA. 17022	Return completed application to EPMClub@gmail.com Send PayPal payment to the same email address. Please add \$1 to cover the extra PayPal fee.

If you have any questions, contact EPMClub@gmail.com.