



YAKIMA VALLEY MUSHROOM SOCIETY



PO BOX 9971
Yakima, WA 98909

MEMBERSHIP APPLICATION

Name _____ Date: _____

Additional adult name on membership _____

IS THIS A RENEWAL?: YES [] NO []

Membership category (single/family: \$20/yr) _____ (student: \$15/yr) _____

(For Renewals only fill out information below if any of your information has changed)

E-mail Address PLEASE PRINT _____

Address _____

City, State, Zip _____

Phone (cell ?) _____ Business _____

Occupation _____

Ideas or comments:

Please make check out to Yakima Valley Mushroom Society or YVMS.

You may be contacted by a YVMS member to serve on a committee or participate a special interest group.

The YVMS is a non-profit club supported & operated entirely by volunteers. The success of the organization depends on hardworking members & leadership from within the group.

Payment Information:
Cash <input type="checkbox"/> Check <input type="checkbox"/> # _____
Amount: _____
Date: _____