Eastern Penn Mushroomers
APPLICATION FOR MEMBERSHIP 2020

NAME(s): ________________________________________________________________

ADDRESS: ______________________________________________________________
P.O. BOX: ______________________________________________________________

CITY: _____________________________________________________ STATE: _____ ZIP CODE: ____________

PHONE: Home: ___________________________ Cell: _________________________________

E-mail Address: ____________________________________________________________

☐ NEW MEMBERSHIP  ☐ RENEWAL (If renewing with no changes, you may write name and “same” above.)

DUES: (Select one)

☐ Family Membership (See note below at *.) $20.00

☐ Individual Membership $15.00

Make check payable to: Eastern Penn Mushroomers

Please indicate your interests:

☐ Learning Mushrooms ☐ Eating Wild Mushrooms

☐ Mushroom Walks ☐ Mushroom Photography

☐ Mushroom Art ☐ Mushroom Dyeing

☐ Cooking with Wild Mushrooms ☐ 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: _____________

APPLICANT’S SIGNATURE: _________________________________ DATE: _____________

*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.

Return application and check made out to Eastern Penn Mushroomers to:

EPM Membership
C/o Cheryl Dawson
393 Waters Road
York, PA. 17403

If you have any questions, call 717-846-1225 or email EPMClub@gmail.com.