

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)

<input type="checkbox"/>	Family Membership (See note below at *.)	\$20.00
<input type="checkbox"/>	Individual Membership	\$15.00

Make check payable to: Eastern Penn Mushroomers

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.

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.

