

**Eastern Penn Mushroomers**  
**APPLICATION FOR MEMBERSHIP 2019**

NAME(s): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ P.O. BOX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail Address:

\_\_\_\_\_

NEW MEMBERSHIP     RENEWAL (If renewing with no changes, just write name and "same" above.)

**DUES: (Select one)**

<input type="checkbox"/> Family Membership*	\$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: \_\_\_\_\_

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](mailto:EPMClub@gmail.com)