



**MAINE MYCOLOGICAL ASSOCIATION, INC.
MEMBERSHIP FORM**

Dues:

Children under 18	free
Individual	\$10.00
Joint (2 Adults)	\$12.00
Student (full time student over 18)	\$ 5.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

E-MAIL _____ (this is an important way to update you about events)

Please circle the code of your interest(s).

CU Cultivation	TE Teaching
PH Photography	KD Keys/Databases
MI Microscopy	WI Web/Internet
TO Toxicology	MM Medical Mycology
TA Taxonomy	DP Dyeing/Papermaking
RC Recipes/Cooking	O Other _____
AC Arts/Crafts	F Forays

We publish a membership list each year. The list is sent only to members who request it, and we do not exchange membership information with others.

I do not wish to be listed.

I wish to receive a membership list.

I prefer to get my newsletter by e-mail.

I wish to become a member of NAMA (North American Mycological Association) and have included a check for \$40 (for a printed newsletter) or \$25 (for an electronic newsletter) made out to NAMA.

As a condition of membership, I have read and signed the MMA Participation Agreement and have included it with this form.

I am a renewing, current member. My Participation Agreement is on file.

Send check(s) and forms to our president:

**Michaeline Mulvey
216 Huff's Mill
Bowdoin, ME 04287**

**MMA PARTICIPATION
AGREEMENT**

As a condition to participating in activities in conjunction with the **Maine Mycological Association, Incorporated (“MMA”)**, and in consideration of services provided by MMA, I agree as follows:

1. I understand that identification of mushrooms, fungi and other flora is a difficult and technical process, and that consumption of mushrooms, fungi and other flora may be dangerous. I also understand that reactions of individuals to consumption of mushrooms, fungi and other flora may vary.
2. I understand that information provided by MMA is not a sufficient basis upon which to decide to consume mushrooms, fungi or other flora. Any decision to consume mushrooms, fungi or other flora must be based upon my own personal knowledge. I take full responsibilities for and assume all risk of any decision I may make, in conjunction with MMA activities or otherwise, now or in the future, to consume mushrooms, fungi or other flora.
3. I agree, for myself, my heirs, executors and assigns, that I will not sue or bring any claim, cause of action, demand or complaint whatsoever against MMA, or its individual officers or members, and their heirs, executors and assigns for any injuries, damages, costs, expenses, loss of services or any other claim whatsoever arising at any time relating in any way to (a) consumption of mushrooms, fungi or other flora in conjunction with MMA activities or otherwise, now or in the future, by myself or any other party, or (b) my participation in any activities in conjunction with MMA. I hereby, for myself, my heirs, executors and assigns, release and forever discharge the MMA and its individual officers and members, and their heirs, executors and assigns from any claim, cause of action, demand or complaint whatsoever arising at any time out of the subject matter described in this paragraph.
4. I further agree, for myself, my heirs, executors and assigns, to indemnify and hold harmless MMA and its individual officers and members, and their heirs, executors and assigns from any claims, cause of action, demand or complaint whatsoever arising from (a) consumption of mushrooms, fungi or other flora, now or in the future, by myself or any member of my family, or by any person whose claim, cause of action, demand or complaint arises from my acts or omissions, or, (b) my acts or omissions relating to my participation in any activities in conjunction with MMA.

I HAVE CAREFULLY READ THIS AGREEMENT AND KNOW THE CONTENTS THEREOF AND SIGN IT AS MY OWN FREE ACT.

DATE: _____

SIGNATURE: _____

Print Name: _____

Witness Signature (required for new members only)

Witness Printed Name (required for new members only)