



MAINE MYCOLOGICAL ASSOCIATION, INC.
MEMBERSHIP FORM

DUES

Children under 18	<i>free</i>
Individual	\$10
Joint (2 Adults)	\$12
Student (full time student over 18)	\$ 5

Memberships expire on December 31. New members who join after September 30 are paid through the next year. New members must sign, and have a witness sign, the **MMA Participation Agreement**.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ E-MAIL _____

Please note: MMA's newsletter is sent out quarterly by email unless a hard copy is requested.

I would prefer a hard copy of the newsletter by post.

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.

As a condition of membership, I have read and signed the **MMA Participation Agreement** and have included it with this form. Each member over age 18 must sign the Participation Agreement. (*All of our forms can be found on the MMA website www.mainelymushrooms.org*).

Maine Mycological Association is an affiliate of the North American Mycological Association. To join the North American Mycological Association (NAMA) at the affiliated club rate, please visit their website at www.namyco.org for application and payment information.

Join via PayPal or mail MMA forms and payment to:

Maine Mycological Association, Inc.
15 Brentwood Dr.
Cumberland Foreside, ME 04110

Thank You!

MAINE MYCOLOGICAL ASSOCIATION, INC.
PARTICIPATION AGREEMENT

As a condition to participating in activities in conjunction with the **Maine Mycological Association, Inc. (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 responsibility 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 service 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

Witness Printed Name