

CONNECTICUT VALLEY MYCOLOGICAL SOCIETY, INC.

CONNECTICUT VALLEY MYCOLOGICAL SOCIETY APPLICATION FOR MEMBERSHIP FOR 2017

Note: New members who pay full yearly dues after September 24 are paid through the next year.



Renewal? _____ New Member? _____

Individual (\$15) _____ Family (\$20) _____

LIFETIME Individual (\$200) _____ Family (\$250) _____

Donation to the Ed Bosman Scholarship Fund \$ _____

Please make check payable to CVMS and send to:

CVMS/ Karen Monger, 32A Perkins Avenue, Norwich, CT 06360

To join the North American Mycological Association (NAMA) at discount affiliated club rate,

Visit <http://www.namyco.org/join.php> for application and payment information

NAME(S): _____

ADDRESS: _____

EMAIL: _____ TELEPHONE: _____

Club Use: Check # _____ Letter _____ Handbook _____ Nametag _____ Family # _____ Web _____

Your participation in the group (the "Group") sponsored by the Connecticut Valley Mycological Society ("CVMS") constitutes a continuing acknowledgment that you are aware that (a) the identification of wild mushrooms always carries with it the risk that a mushroom may be misidentified, (b) consuming a mushroom that has been incorrectly identified creates a risk of personal injury, including serious illness (up to and including an untimely death), (c) eating mushrooms and other foraged foods, even if correctly identified, involves a risk of illness, injury or death as a result of personal sensitivity (including allergy or harmful interaction with other medicines you may be taking), and (d) participation in a foray may be physically strenuous and hazardous, personal responsibility and care should be exercised. In consideration for your acceptance as a member of the Group and/or participation in any activities sponsored by CVMS or the Group and its respective members, you agree to, and do, personally assume all risks arising from these activities and agree to release, hold harmless, and indemnify the Group, CVMS and any of their officers and members from any and all legal responsibility for injuries or accidents suffered by you, your family members or any minor child under your care during or as a result of any activity conducted or facilitated by the Group or CVMS, including but not limited to use of information provided by the Group and CVMS directly or in their sponsored websites, and all activities involving mushroom collection, identification or consumption.

X _____ Date _____

X _____ Date _____