



## Membership Application for the Ohio Mushroom Society

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Enclosed please find check or money order (check one):

- \$15.00 annual family membership (newsletter via email and website only)
- \$20.00 annual family membership (newsletter via paper, email, and website)
- \$150.00 life membership (newsletter via paper, email, and website)

My interests are:

Mushroom Eating/Cookery \_\_\_\_\_ Photography \_\_\_\_\_ Nature Study \_\_\_\_\_

Mushroom ID \_\_\_\_\_ Cultivation \_\_\_\_\_ Other (specify) \_\_\_\_\_

Would you like to be an OMS volunteer? In what way? \_\_\_\_\_

How did you hear about our group? \_\_\_\_\_

SIGNATURE \_\_\_\_\_

May OMS provide your name to other mushroom related businesses? Yes \_\_\_\_\_ No \_\_\_\_\_

Return form and check or money order to:

Ohio Mushroom Society  
c/o Jerry Pepera  
8915 Knotty Pine Ln.  
Chardon, OH 44024