

PVMA Membership Application

(January 1 to December 31, 2015)

Pioneer Valley Mycological Association

Please enter your name(s) and email address as you wish them to appear on your correspondence for the upcoming year (*please print clearly*).

Name(s) _____

Address _____

City/State/Zip _____

Telephone _____ e-mail address _____

The Annual Membership fee for individuals/family members is only \$15. It will be used to pay for our membership in the North American Mycological Association (NAMA) and for invited mycologists to present a talk and to lead us on a guided walks. Please mail this fully completed membership form and a check for \$15 payable to Michael Ostrowski (PVMA President), 27 East Street, South Hadley, MA 01075

As a PVMA member, you are eligible to become a member of NAMA (**North American Mycological Association**) at a reduced rate. For information on joining NAMA log onto <http://www.namyco.org>.

PVMA's continued success as a non-profit educational organization depends on the assistance of its volunteers. Please check any of the following areas in which you would be willing to help the club:

Lead Walks _____ Publicity _____ Solicit Members _____ Announcements _____
Education _____

All members are required to sign a release form as produced below.

I (We) _____
and _____

hereby release PVMA and any officer or member thereof from any and all liability arising out of or relating to any injury, accident or illness of any nature occurring during or as a result of any field trip, foray, or excursion.