

## Membership Form

## Paul Bunyan Mushroom Club

The advantages of membership include real-life learning to understand and identify common mushrooms and other fungi. These are best learned from experienced people on multiple forays. Although some mushrooms may be easily learned, competent identification can only be learned through extended experience. Luckily, there is a group of enjoyable people to do this with. Join us!

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ (for notices of forays and meetings, only)

Individual (\$10) \_\_\_\_ Household (\$15) \_\_\_\_ Is this a renewal? \_\_\_\_ One foray \_\_\_\_

*Memberships run from January 1<sup>st</sup> to December 31<sup>st</sup>.*

Make check payable to Paul Bunyan Mushroom Club and send application form, check and release to:  
Paul Bunyan Mushroom Club, 311 Richards Ave. NE. Bemidji MN 56601

### Release

I (We) realize that while doing wild mushrooming activities, serious physical injury and personal property damage may accidentally occur. I (We) further realize that there is the possibility of having an allergic reaction to, or being poisoned by eating wild mushrooms, and that the adverse reactions to eating wild mushrooms range from mild indigestion to fatal illness. Knowing the risks, I (We) agree to assume the risks, and agree to release, hold harmless and indemnify the Paul Bunyan Mushroom Club, and any officer or member thereof, from any and all legal responsibility for injuries or accidents incurred by myself or my family during, or as a result of any mushroom identification, field trip, excursion, publication, meeting, dining or any other activity sponsored by the Paul Bunyan mushroom club.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_