

Michigan Mushroom Hunters Club
Membership Application

DUES (these fees apply *per household*): **ANNUAL** - \$15.00 (electronic newsletter) or \$25.00 (paper newsletter)
LIFETIME - \$200.00

Name _____ Name _____

Address _____ City _____ State _____ Zip Code _____

Email _____ Email _____

New application **Renewing Member** **Returning Member**

Annual dues renewals (January 1 – December 31) are payable in advance. Members whose dues are not paid by March 31 are considered inactive and are removed from the club roster. Membership is reinstated when current dues are paid. New members who join after September 1 shall pay the full annual dues but have membership for the remainder of the current year and for all of the next year.

Liability Waiver

I hereby acknowledge and accept that there are inherent risks involved in the collection, identification and ingestion of wild mushrooms. I realize that mushroom forays are held in public woodlands where natural hazards do occur, immediate medical attention may not be available and the foray leader may not be trained in emergency treatment. I further understand that people can have known or unknown food allergies and people can experience gastric disturbances from ingesting wild mushrooms.

In consideration of this acknowledgement, and my voluntary participation in activities relating to the Michigan Mushroom Hunters Club (MMHC), having read this waiver and understanding the risks involved in participating in the MMHC events, and of the agreement by the MMHC to allow me to participate in its activities.

I hereby release, on behalf of myself, my successors, heirs, assigns, executors, and administrators, the MMHC, its officers, directors, members and volunteers from any claims of liability or demand whatsoever, including, but not limited to bodily injury, sickness, disease, death, property loss or damage, or any other loss or damage of any kind which may arise out of or in connection to my participation in MMHC events, whether resulting from negligence or from some other cause.

I have read and understand the forgoing Waiver of Liability and, by signing below, I indicate my agreement. It is my intent to be legally restrained from asserting any claim connected herewith and I understand this agreement is unconditional and may not be waived by any person for any reason whatsoever.

For electronic signature, type your name between slashes; i.e. /John Doe/ and email to dianepruden@gmail.com **OR** sign with pen and mail form via USPS.

SIGNATURE _____

SIGNATURE _____

Date _____

Date _____

Mail application and check PAYABLE TO MMHC to:

MMHC Treasurer, Diane Pruden, 1455 Edgewood Ln, Milford, MI 48381

OR

Pay at www.paypal.com
Select Friends and Family
mimushroomhuntersclub@yahoo.com