

Name: _____

SVMS ANNUAL MEMBERSHIP DUES

PLEASE CHECK ONE: INDIVIDUAL \$10 FAMILY \$15 YEAR 20__

ADDRESS: _____

EMAIL: _____

AREAS OF INTEREST IN MUSHROOMS: (CHECK ALL THAT APPLY)

Science Culinary Photography Cultivation Mycophagy
 Education (genus, species + common names) Mushroom characteristics

Please cut out form and fill in. Write check for appropriate amount payable to SVMS. Send form and check to SVMS Treasurer Tom Sweeney.

Send Check to:

SVMS Membership
co. Tom Sweeney
165 Crary Ave.
Binghamton, NY 13905