

Membership by US Postal mail

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 secretary, Linda Hammond.

Send to:

**SVMS Membership
co. Linda Hammond
67 Spencer Rd.,
Owego, NY 13827-2426**