



About Us

Asheville Mushroom Club promotes the enjoyment, study, and exchange of information about wild mushrooms. Everyone who has an interest in wild mushrooms is welcome to become an AMC member.

Members are entitled to:

- ✓ AMC electronic bulletins
- ✓ Eight monthly AMC meetings
- ✓ Participation in AMC forays, both day and weekend forays
- ✓ Discount on AMC merchandise
- ✓ Annual AMC holiday potluck & auction

About You

To identify opportunities for club involvement, please check your areas of interest:

- | | |
|---|--|
| <input type="checkbox"/> Scout for foray locations and lead walks | <input type="checkbox"/> Produce a newsletter or electronic bulletin |
| <input type="checkbox"/> Help organize forays | <input type="checkbox"/> Produce or acquire teaching materials |
| <input type="checkbox"/> Record mushrooms found on forays | <input type="checkbox"/> Print and assemble name tags |
| <input type="checkbox"/> Welcome and orient new members at meetings | <input type="checkbox"/> Help with web page |
| <input type="checkbox"/> Line up speakers for meetings | <input type="checkbox"/> Moderate e-group |
| <input type="checkbox"/> Publicize meetings, forays and events | <input type="checkbox"/> Host guest speakers and mycologists |
| <input type="checkbox"/> Present or assist with a club workshop | <input type="checkbox"/> Participate in special projects |
| <input type="checkbox"/> Give a program at a monthly meeting | <input type="checkbox"/> Prepare refreshments for meetings |
| | <input type="checkbox"/> Others: |

Dues

Annual dues are \$18 for individuals, \$25 for families. Renewal dues are payable in January. New members may join at any time; those joining after September 1 receive extended membership for the following year.

Liability Release

Signing our liability release is a requirement for membership. Please read carefully and indicate your acceptance by signing below. Insert additional signatures if your family membership includes more than two people.

I (We) realize that when engaged in wild mushroom activities, that serious physical injury and personal property damage may accidentally occur. I (We) further acknowledge that there is always the possibility of having an allergic reaction to or being poisoned by the eating of wild mushrooms and that these 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 to indemnify the Asheville 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, walk, foray, field trip, excursion, meeting or dining sponsored by the club.

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Mailing address: _____

City, _____

State, Zip: _____

Phone: _____

Email address: _____

Limit - one email address

Please return completed form with check payable to: Asheville Mushroom Club

Asheville Mushroom Club
PO Box 18676
Asheville NC 28804