

Michigan Mushroom Hunters Club

2010 Membership Application

Michigan Resident: \$15.00 (Individual or Family) Out of state residents: \$6.00
NAMA Membership: \$32.00 (MMHC membership required)

Name _____ Name _____

Address _____ Apt. No. _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

New application Renewing Member Returning Member

Returning members: If you have been gone from the MMHC for more than one year please check this box and list the last year of membership here _____

Check to join e-mail list Check to receive the MMHC newsletter electronically

Annual dues are payable in advance and become due at the beginning of each fiscal year (January 1). Members whose dues are not paid by March 31 are considered inactive and are removed from the club roster. Membership is reinstated with payment of past dues. New members who join during or after Fungus Fest shall pay the full annual dues level but they shall have membership for the remainder of the current fiscal year and for all of the next fiscal year.

MICHIGAN MUSHROOM HUNTERS CLUB 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 that 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, and 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 that this agreement is unconditional and may not be waived by any person for any reason whatever.

NAME: PLEASE PRINT _____

NAME: PLEASE PRINT _____

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

DATE: _____

Mail application & check(s) (separate checks for MMHC & NAMA) to:

MMHC Treasurer, Antoine Delaforterie, 1970 Kirkton Dr., Troy, MI 48083