Wisconsin Mycological Society Membership Application or Renewal Form

WMS membership contact: Mariah Rogers, WMS Secretary & Community Science Coordinator
mycologicalsocietywisconsin@gmail.com

Make all checks payable to: Wisconsin Mycological Society
and mail to: 7440 W Greenfield Ave PO Box 14461 Milwaukee WI 53214
Cash is also accepted but at your own risk in the mail! Dues are $20 annually.

Name ________________________________________________________________________________

Email Address __________________________________________________________________________

Street Address __________________________________________________________________________

City ___________________________ State_____________Zip_____________

Phone Number ______________________   Signature __________________________________________

Annual membership renewals are typically collected near the beginning of each calendar year. You are welcome to renew at any point in the new year, but will receive a renewal notice. New members joining WMS after October 1st will be paid through December of the following year.

Wisconsin Mycological Society members are also eligible for a discount membership to North American Mycological Association (NAMA). If interested, join NAMA directly through their website and select Member of Affiliated Club http://www.namyco.org/join.php

Are you interested in collaborating with us with photos, recipes, articles or anything else for the WMS members’ newsletter? ________________________________________________________________________________

Are you interested in being a fungi/mycology related vendor or chef at an event, such as Fungi Fair?
_______________________________________________________________________________________

Are you interested in hosting a WMS event, with access to private land to host a foray, picnic or similar?
_______________________________________________________________________________________

Are you interested in collaborating with us as a member of a related group or institution (ex: nature center)?
_______________________________________________________________________________________

Are you interested in presenting to the society, being considered as a foray leader, fungi identifier, or some other mycological role?
_______________________________________________________________________________________

Other interest in volunteering? Requests for the Society? Questions?
Email mycologicalsocietywisconsin@gmail.com at any time.
Members are welcome to have up to 5 email addresses (can be multiple emails of your own or others in your self-declared family group) added onto 1 membership at this time.

Members are welcome to invite guests to the day-out forays, Fungi Fair, presentations/lectures, and socials.

Optional, additional emails:
You will receive the renewal notice and be the “principal member” for anyone you name in your group.

Email 2: _______________________________________________________________
Check box: Is this, A. your own [ ]? or, B. for a “family group” member? [ ]
If B: the person’s:
Name_____________________________________________________________
Address (if different) _______________________________ State ______ Zip ______
City _____________________________________________________________

Email 3: _______________________________________________________________
Check box: Is this, A. your own [ ]? or, B. for a “family group” member? [ ]
If B: the person’s:
Name_____________________________________________________________
Address (if different) _______________________________ State ______ Zip ______
City _____________________________________________________________

Email 4: _______________________________________________________________
Check box: Is this, A. your own [ ]? or, B. for a “family group” member? [ ]
If B: the person’s:
Name_____________________________________________________________
Address (if different) _______________________________ State ______ Zip ______
City _____________________________________________________________

Email 5: _______________________________________________________________
Check box: Is this, A. your own [ ]? or, B. for a “family group” member? [ ]
If B: the person’s:
Name_____________________________________________________________
Address (if different) _______________________________ State ______ Zip ______
City _____________________________________________________________

You can add or amend these or the previous page’s contact details by emailing us:
mycologialsocietywisconsin@gmail.com

Thank you! And welcome.

7440 W Greenfield Ave PO Box 14461 Milwaukee WI 53214

If this is a gift membership, please note that here, along with any requests for a special email for your gift recipients.