



Founded in 1949, the Oregon Mycological Society is incorporated as a scientific and educational, not-for-profit organization. It is dedicated to:

- studying, collecting and identifying fungi
- educating members and the public about fungi
- promoting health and safety in the gathering and consumption of fungi

Membership is open to anyone, at any level of skill or experience, who is interested in mycology (the science of fungi), Members share an interest in the study and identification of edible and non-edible mushrooms as well as other fungi-related pursuits.

More information about the Society and its activities is available on our website: www.wildmushrooms.org. Members can log in for additional resources.

OMS Membership Fees

Initial membership:

- \$30 Individual Membership
- \$35 Family Membership (two adults at the same address and children under 18)
- \$25 Student (full-time); or Senior (62+) Membership

Annual renewal:

- \$20 Individual Membership
- \$25 Family Membership
- \$16 Student or Senior Membership

The best best to join OMS is to sign up online with credit card at our website, www.wildmushrooms.org. If you absolutely cannot sign up online, you may complete and mail the attached Oregon Mycological Society Membership Application (including the Liability Release and Promise Not to Sue) and your payment. The Liability Release and Promise Not to Sue must be signed by all the adults joining OMS. Membership is effective once we have finished processing your complete written application. **Because we are an all-volunteer organization, it can take many weeks to process mailed applications.**

Questions? Email membership@wildmushrooms.org.

Oregon Mycological Society Membership Application

We need this information in order to let you know about the Society's activities. This information will be used exclusively by OMS. We will won't sell or give your personal information to anyone outside of OMS.

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip + 4: _____

Home Phone: _____ Cell Phone: _____

Name of Second Adult (same address) on Family Membership: _____

Email of Additional Adult: _____

We make a membership roster available to other members on our website. If there's personal information that you'd like to exclude from the roster, add a note on your application or email membership@wildmushrooms.org after you submit your application.

Publish my contact information in the OMS roster: _____ Yes _____ No

Membership Category: (Check one.)

_____ \$30 Individual Membership

_____ \$35 Family Membership (two adults at the same address and children under 18)

_____ \$25 Student (full-time);or Senior (62+) Membership

Annual renewals are \$20 per Individual Membership, \$25 per Family, \$16 per Senior or Student Membership.

The attached Liability Release and Promise Not to Sue is part of this membership application.. All adults joining OMS must sign this form.

The Oregon Mycological Society is a non-profit, volunteer organization. The success of the organization depends on hardworking members and leadership from within the organization. Please check all areas and activities that interest you. (You may be contacted by an OMS member concerning participation in a special interest group or committee.)

_____ Culinary

_____ Identification

_____ Newsletter

_____ Cultivation

_____ Leadership

_____ Toxicology

_____ Dyeing

_____ Library

_____ Website

_____ Fall Show

_____ Microscopy

_____ Field Trips

_____ Mycology Camps

Oregon Mycological Society Liability Release and Promise Not to Sue

I understand there is some risk in participating in a mycology camp, field trip or other activity -- all those risks one assumes by being away from home, risks associated with moving about in fields and woods, risks involved in eating wild mushrooms, risks of losing personal property by theft or misplacement, and all other expected and unexpected risks.

In joining OMS or registering for or attending any OMS mycology camp, field trip or other activity, I agree to assume total responsibility during an event for my own safety and well-being and that of any minor children under my care, and for the protection of my and their personal property.

I release The Oregon Mycological Society (OMS), its directors, officers, volunteers, contractors, and all other persons assisting in the planning and presentation of an OMS mycology camp, field trip or other activity from liability for any sickness, injury, or loss, I, or any minor children under my care, may suffer during an OMS mycology camp, field trip or other activity or as a result of attending or participating. I further promise not to file a lawsuit or make a claim against any of the persons listed above, even if they negligently cause me or any minor children under my care injury or loss.

I agree to hold The Oregon Mycological Society harmless from any liability it may incur as a result of any damage to any property I may cause. This release and promise is part of the consideration I give in order to participate in an OMS mycology camp, field trip or other activity. I understand it affects my legal rights. I intend it to apply not only to me but to anyone who may have the right to make a claim on my behalf.

This liability release and promise not to sue remains in effect until revoked. All adults in a family membership are required to sign this waiver.

Signature

Print Name

Date

Signature

Print Name

Date

Make checks payable to Oregon Mycological Society and mail the signed Application and Release to:

Oregon Mycological Society
829 NE 5th Dr
Hillsboro, OR 97124-2336

Membership is effective after we both (1) receive the completed, paid, signed application form (including the Liability Release and Promise Not to Sue), and (2) finish processing it. We're an all-volunteer organization so **it sometimes takes many weeks to process mailed applications**. Therefore, if possible, please join OMS online with a credit card at our website www.wildmushrooms.org.

OMS Membership Application Form, Rev 2020-02-17