**COMA Membership Application**

**Connecticut-Westchester Mycological Association**

**Please print**

Name(s)

Address

Telephone (\_\_\_\_\_) \_\_\_\_\_–\_\_\_\_\_\_\_ E-mail Address

 **Signature and Date Required**

Article 2b of the COMA by-laws requires all members to sign this release form as produced below.

I (We) Date:

hereby release COMA and any officer or member thereof from any and all liability arising out of or relating to any injury, accident or illness of any nature occurring during or as a result of any field trip, foray, excursion or meeting sponsored by COMA.

 **Mail Dues and Form**

The annual membership fee for individuals and family residing in same household is $25 Please mail a fully completed membership form and a $25 check payable to COMA to:

Carol McLeod, 18 Capricorn Lane, Mount Kisco, NY 10549

 **Volunteer Opportunities**

COMA’s success as a non-profit educational organization depends on the assistance ofvolunteers.

Please check any of the following areas in which you would be willing to help the club.

Lead Walks\_\_\_\_\_ Publicity\_\_\_\_\_ Newsletter (Spores Illustrated)\_\_\_\_\_\_

 **NAMA** We encourage you to also become a member of NAMA (North American Mycological Association) at the discounted affiliated club rate. For information on joining NAMA at a reduced rate of $40 (hardcopy) or $25 (electronic) go to [www.namyco.org](http://www.namyco.org)