

Missouri Mycological Society Membership Application

To become a member of Missouri Mycological Society (MOMS), receive your subscription to the *Earthstar Examiner* and get all the other great benefits from being a MOMS member, simply supply all of the following information:

Name (please print) _____

Street _____

City _____ State _____ Zipcode (9 digit) _____ + _____

Home Phone _____ Work Phone _____

Email Address _____

Members are required to have a signed Personal Responsibility Statement on file with the Membership Secretary.

Please read the following carefully.

Personal Responsibility Statement

I, the undersigned, understand that eating wild mushrooms can be risky. I also understand the following:

- Some mushrooms are fatally poisonous.
- Some mushrooms which are considered edible may be poisonous or cause allergic reactions to some individuals.
- Some mushrooms are edible only if cooked properly and otherwise are poisonous.
- Some mushrooms are psychoactive and may cause hallucinations or other abnormal psychological states.
- Some mushrooms are edible but are difficult to distinguish from look-alike poisonous mushrooms.
- Some mushrooms may or may not be poisonous – there are mushrooms whose edibility is unknown.
- Some mushrooms may be generally edible but poisonous if eaten in combination with certain foods. (For example, *Coprinus atramentarius*, or "alcohol inky", is reputed to be poisonous if consumed with alcohol.)
- Well respected mycological authorities do not always agree as to whether or not a particular mushroom is edible or not.
- Members of the Missouri Mycological Society can and do make mistakes as to whether a particular mushroom is edible.

I accept personal responsibility for any ill-effects resulting from my eating wild foods, including mushrooms. I assume the risks associated with eating these foods, including the risk of receiving careless advice from others.

I agree that the Missouri Mycological Society (and its officers, members, and other representatives) shall not be held responsible for any harm that comes to me (including death) as a result of my eating wild fungi or other wild foods.

Date _____ Signature _____ (please print name) _____

Date _____ Signature _____ (please print name) _____

Under 18, please have your guardian sign for you.

Date _____ Signature _____ (print name of minor) _____



Family Membership: \$15/calendar year

Make Check Payable to: MISSOURI MYCOLOGICAL SOCIETY

Send completed application & annual dues to:

Missouri Mycological Society
c/o John Davis
777 Jaunita Avenue
Saint Louis, MO 63122-3228
314-909-0272