



## Membership Application

To become a member of The Hoosier Mushroom Society (HMS), and to get all the other great benefits from being a HMS member, simply supply all of the following information:

Name (please print) : \_\_\_\_\_

Street , City, State, Zip: \_\_\_\_\_

Home Phone; Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

### 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 Hoosier Mushroom 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 Hoosier Mushroom 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: \$20/calendar year**

**Individual Membership: \$15/calendar year**

**Make Check Payable to:**

**THE HOOSIER MUSHROOM SOCIETY**

***Send completed application & annual dues to:***

The Hoosier Mushroom Society c/o Stephen Russell

820 Elm Dr.

West Lafayette, IN 47906