

Turnagain Arm Mycological Society

Membership Application For Membership Year Sept 2024- August 2025

Members are entitled to:

- Participation in all meetings and teaching sessions and access to all teaching materials and handouts. Meetings are generally scheduled for the third Wednesday, November - April.
- Participation in TAMS sponsored forays in the spring and fall months (excluding Fungus Fair)
- Use of all TAMS library resources, microscopes, and dehydrators for scientific specimens
- The cost for membership is **\$25.00** annually for adults; kids 12 years old and under are free.
- TAMS exclusive short sleeved t-shirt with *new* membership
- The cost for membership renewal is **\$10.00**. (No TAMS merchandise with renewal.)

If you would like to become a member (or renew), please complete this application and release form and return them with a check payable to **Girdwood Inc.**, (under memo write **Turnagain Arm Mycological Society**). Forms and payment may be given to the club president or membership coordinator or mailed to the address below.

Turnagain Arm Mycological Society
c/o Teresa Paquet, membership coordinator
PO Box 227
Girdwood Alaska 99587-0227

New this year: Payments can also be made through Venmo to @Teresa-Paquet. Under "What it's for" write **TAMS membership 2024/25** and email application to: turnagainmycosociety@gmail.com

Name: _____ Date: _____

Address: _____ Phone: _____

E-Mail: _____

Would you like to receive monthly emails about TAMS meetings? ____ YES ____ NO

Interests:

- | | |
|---|--|
| <input type="checkbox"/> Learning to identify mushrooms | <input type="checkbox"/> Mushroom walks and forays |
| <input type="checkbox"/> Cultivating mushrooms | <input type="checkbox"/> Dyeing with mushrooms |
| <input type="checkbox"/> Eating/cooking wild mushrooms | <input type="checkbox"/> Ecology/fungal pathogens |

A club is only successful when its members participate. In what ways would you be willing to contribute your time and talents? _____

Turnagain Arm Mycological Society
2024 - 2025 Release and Indemnification Agreement

This Release and Indemnification Agreement ("the Agreement") is entered into by and between the Turnagain Arm Mycological Society ("TAMS") and the under-signed Member ("the Member") on this _____ day of _____, 202__.

WHEREAS, TAMS is a not-for-profit educational organization that has as its principle purpose the sharing of mushroom related information among its member; and

WHEREAS, all elected officers and members serve TAMS in a voluntary capacity, receiving no remuneration for their services; and

WHEREAS, all fees collected are used to cover the direct costs related to club activities and TAMS does not operate in a for-profit capacity; and

WHEREAS, the Member understands that there is inherent risk involved in outdoor activities related to hunting for and consuming wild mushrooms (risks including but not limited to the dangers involved in hiking, the possibility of misidentifying a wild mushroom, and the possible allergic reaction some individuals may have to otherwise edible mushrooms),

THEREFORE, the Member hereby agrees to the following:

1. The Member assumes all risks associated with TAMS events. The Member acknowledges that it is his or her sole responsibility to hike safely and to determine the edibility of any wild mushroom.
2. The Member releases and holds harmless the TAMS, its officer, members and representatives from any and all liability relating to any injury or illness incurred by the Member or the Member's family as a result of participation in a TAMS sponsored event.

THIS AGREEMENT shall be governed by the laws of the State of Alaska. If any portion of the Agreement is declared to be invalid or unenforceable, such invalidity shall not affect any other provision of the Agreement. This Agreement shall apply to all TAMS events for membership year September 2024 to August 2025.

Member's Name (please print): _____

Member's Signature: _____

If Member or Participant is under 18 years of age, signature of Parent or Guardian is required.

Parent or Guardian's Name (please print): _____

Parent or Guardian's Signature: _____