



NORTH AMERICAN MYCOLOGICAL ASSOCIATION

Promoting, pursuing and advancing the science of mycology

Membership Application

*Required fields

*Check one: New member Renewing member

*Name(s) _____

*Street Address _____

*City/State/Zip+4 _____

Phone _____

*Email _____

*Select a membership plan (includes emailed issues of our bimonthly newsletter, *The Mycophile*). *All dues must be paid in US Currency only!*

\$25 for Individual/Household - member of NAMA affiliated club

*If selected must provide club name: _____

\$30 for Individual/Household - unaffiliated

\$15 for full time students

*If selected must provide school name: _____

\$60 or more for a Sustaining Membership

\$500 for a Life Membership

IMPORTANT: All memberships except for student memberships cover up to two adults (age 18 or over), living at the same address. New memberships except for Life memberships are for one calendar year and renew annually. Membership dues will not be pro-rated for members joining late in the year; however memberships will be extended through the following year for any member who joins on or after November 1.

Send check payable to NAMA to:

Melodie Gates, NAMA Treasurer
1631 Lana Lane SW
Tumwater, WA 98512-6924

I would be interested in making a donation to fund educational activities. Please contact me.

I am interested in participating in the following activities:

If you have questions about this application, contact the NAMA Membership Secretary at membership@namyco.org.