

SOMA

Sonoma County Mycological Association



Membership Application and Renewal Form

Regardless of what others may think of me, I wish to be a member of SOMA!

Date: _____

New Member Renewing Member

About You

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (h) _____ (w) _____

Email: _____

Privacy Policy: We won't distribute your info to anyone outside of SOMA at any time. Ever! (Okay, maybe if we're subpoenaed, but that's pretty unlikely—we're a pretty mellow group.)

Activities

I'm interested in participating in the following activities (mark all that apply):

- Culinary Group Mushroom Dyes Mushroom Forays
 Cultivation Group Mushroom Papermaking Newsletter

Other ideas/comments: _____

- \$25 for family membership (mailed SOMA News, plus website download if desired)
 \$20 for family membership who do not require a mailed newsletter (website download)
 \$20 for seniors with mailed newsletter (60 years +)(plus website download if desired)
 \$20 for seniors—website download only, (help SOMA and the environment out!)
 \$250 for Lifetime Membership with website download!

Please make check payable to SOMA. Return this form and your check to:

SOMA

P.O. Box 7147

Santa Rosa, CA 95407

If you have any questions, send an email to SOMAmembership@somamushrooms.org.