

# Cumberland Mycological Society

## Renewal Form

This form is for renewals of current members only -individuals or couples. If you are a new member, please fill out a Release and Indemnification Agreement, located at:

[www.cumberlandmycology.com/join.htm](http://www.cumberlandmycology.com/join.htm)

Questions? email [cumberlandmycology@yahoo.com](mailto:cumberlandmycology@yahoo.com)

*I (we) have filled out a Release and Indemnification Agreement for a previous year. I (we) continue to agree to those terms and understand this renewal is an extension of that agreement.*

Signature(s) \_\_\_\_\_

Name(s) *print clearly* \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Please print, fill out, sign, and mail this form for an individual or a couple renewing annual dues, along with \$5 per person to:

(club leadership currently in transition,  
check back later for mailing address)

Amount Enclosed for dues \_\_\_\_\_

Donations: (appreciated but not expected) \_\_\_\_\_

Total amount enclosed: \_\_\_\_\_