

South Carolina Upstate Mycological Society

About Us

The goals of our Society are to bring people together who share a common interest in mushrooms and related fungi, and to facilitate an appreciation and understanding of fungi. For more information go to: <http://www.scumsonline.com/>



Members are entitled to:

- Monthly SCUMS meetings
- Participation in SCUMS forays (membership is *required* to attend forays)
- Joint membership with *both* the Asheville Mushroom Club and the Mushroom Club of Georgia (3 memberships for the price of 1!)

Membership application

Memberships are for one calendar year from date of joining SCUMS.

Check membership level:

_____ Individual (\$20), _____ Family (\$25), _____ Full-time Student (\$15)

TOTAL ENCLOSED: \$ _____ (please circle) Cash, Check # _____ Today's date _____

Liability and Release Form - Each individual over age 18 must sign a separate liability release form

Signing our liability release is a requirement for membership. Please read carefully and indicate your acceptance by signing below. Insert additional signatures if your family membership includes more than two people.

I (We) realize that when engaged in wild mushroom activities, that serious physical injury and personal property damage may accidentally occur. I (We) further acknowledge that there is always the possibility of having an allergic reaction to or being poisoned by the eating of wild mushrooms and that these adverse reactions to eating wild mushrooms range from mild indigestion to fatal illness. Knowing the risks, I (we) agree to assume the risks, and agree to release, hold harmless, and to indemnify the South Carolina Upstate Mycological Society, and any officer or member thereof, from any and all legal responsibility for injuries or accidents incurred by myself or my family during or as a result of any mushroom identification, walk, foray, field trip, excursion, meeting or dining sponsored by the club.

Print Name(s): _____

Signature(s): _____ Date: _____

Mailing address: _____

City, State: _____ Zip: _____

Email address: _____ Phone: _____

Please return completed, signed, and dated form with check payable to "South Carolina Upstate Mycological Society" to Julia Kerrigan, Dept. ESPS, 114 Long Hall, Clemson, SC 29634-0315