

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 name 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

Cultivation

Dyes

Forays

Papermaking

Newsletter

Taxonomy

Photography

Medicinal

Other ideas/comments: _____

\$25 - Family Membership. Interpreted generously; everyone must have the same physical address.

\$20 - Seniors - (for families, at least one member 60 years or over)

\$250 - Lifetime Membership

Please make your 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.