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.