

OLYMPIC PENINSULA MYCOLOGICAL SOCIETY MEMBERSHIP FORM

Make checks payable to O.P.M.S
Mail checks and completed forms to:

**Andrea Woods
Membership
P.O. Box 2232
Sequim, WA 98382**

Name: _____
(Last name) (First name)

| | |
|-----------------------------------|---|
| Additional Family Members: | New: _____ Renewal: _____ |
| Address: | <input type="checkbox"/> Individual.....\$15 |
| City: | <input type="checkbox"/> Family.....\$20 |
| State and Zip: | |
| Phone: | Check No. |
| E-Mail Address:* | |

* To make absolutely sure you get e-mail from us, please e-mail "MEMBERSHIP" at membership@olymushroom.org with "New OPMS Member" in the subject window.