

The Sydney Fungal Studies Group Inc.

Membership Application Form

I/we elect to become a member, and accept the objectives* and rules**, of the *Sydney Fungal Studies Group Inc.*

.....
Full name of applicant.

.....
Full name of spouse/partner (for joint applications)

.....
Signature of applicant.

.....
Signature of spouse/partner (for joint applications)

Date.....

Annual Subscriptions: Please mark one:

Ordinary membership \$25.00

Joint membership \$35.00

Student membership \$10.00

Cheque should be made payable to **The Sydney Fungal Studies Group Inc.**

Note - do not send *cash* through the mail - if you want to pay in cash, hand deliver only.

Please type, print or write clearly the information below:

Your Address and Contact details: Please provide at least one

Address..... Home Tel:

..... Work Tel:

..... Fax:

..... Email:

Please **send / do not send** a receipt for tax purposes.

Send this form, with payment to:

**The Treasurer,
Judith Gover
5 Dawes St
Little Bay NSW 2036**

For **student memberships**, the following certificate is required from a teacher/academic.

I certify that the above-named person is a *bona fide* student at:

.....
(Name of School, College, or University)

Print name and position

.....Signature

Date

* Sydney Fungal Studies Group Inc. aims to advance the study of fungi at all levels, particularly the larger fungi; to educate people at all stages of skill and knowledge in the science of mycology; and to interact with groups and societies having mycological or closely related interests

** These can be provided on request. They are based on the standard Model Rules provided by the NSW Department of Fair Trading.

*** Joint Member receives only one copy of Newsletter.

For office use only:

Received: **Accepted.**..... **Cash/Cheque** /Cheque No.