



Membership Application

PO Box 9971
Yakima, WA 98909
yvms@yvms.org

Name: _____ Date: _____

Additional adult name on family membership: _____

Have you been a YVMS member before? YES NO

Membership category: Single/Family - \$20/year Student - \$15/year (**must have student ID**)

E-mail address*: _____

Mailing address: _____

City, State, ZIP: _____

Phone: _____ Type: mobile/cell land-line/no SMS

Are you interested in volunteering in any capacity (committee, special interest group, meeting setup/takedown)? YES NO

Skills or expertise you are willing to share with YVMS?

(i.e. educator, creative design, accounting, mycologist, plant or mushroom identification)

*Please note that email is our primary method of communication to our members. By providing your email address, you agree to receive newsletters and other YVMS communications. We will not use your information for outside marketing, nor do we sell or distribute your information. You may unsubscribe at any time by clicking the 'Unsubscribe' link in any email we send, or by sending a notice to yvms@yvms.org.

- Please make checks payable to **Yakima Valley Mushroom Society** or **YVMS**.
- YVMS is a non-profit organization supported and operated entirely by volunteers. The success of the organization depends on support from its members and leadership from within the group.

Administrative use only:

Payment: Cash Credit/debit card Check # _____ Receipt #: _____

Recorded in accounting ledger _____

Information updated in membership list _____

Contact information updated in mailing list _____