



# The Mycological Society of America

2424 American Lane · Madison, WI 53704-3102

P: +1 608-441-1060 · F: +1 608-443-2474 · E: msafungi@reesgroupinc.com

## Renew your membership for 2019!

|   |   |  |                      |                 |                                  |                                   |                   |                                  |                                   |              |                                  |                                   |                        |                                  |                                   |   |  |  |       |                                  |                                  |   |  |                 |                      |                   |                                  |                                   |                     |                                  |                                   |  |
|---|---|--|----------------------|-----------------|----------------------------------|-----------------------------------|-------------------|----------------------------------|-----------------------------------|--------------|----------------------------------|-----------------------------------|------------------------|----------------------------------|-----------------------------------|---|--|--|-------|----------------------------------|----------------------------------|---|--|-----------------|----------------------|-------------------|----------------------------------|-----------------------------------|---------------------|----------------------------------|-----------------------------------|--|
| <b>Member Type</b> (All types include online journal access unless noted.)<br><table border="0"> <tr> <td></td> <td style="text-align: center;"><b>One Year</b></td> <td style="text-align: center;"><b>Three Years**</b></td> </tr> <tr> <td>Individual.....</td> <td><input type="checkbox"/> \$90.00</td> <td><input type="checkbox"/> \$250.00</td> </tr> <tr> <td>Post-Doctoral....</td> <td><input type="checkbox"/> \$70.00</td> <td><input type="checkbox"/> \$190.00</td> </tr> <tr> <td>Student.....</td> <td><input type="checkbox"/> \$50.00</td> <td><input type="checkbox"/> \$130.00</td> </tr> <tr> <td>Associate (NO JOURNAL)</td> <td><input type="checkbox"/> \$50.00</td> <td><input type="checkbox"/> \$130.00</td> </tr> <tr> <td>Additional Family Member (EACH) # _____</td> <td></td> <td></td> </tr> <tr> <td>.....</td> <td><input type="checkbox"/> \$20.00</td> <td><input type="checkbox"/> \$60.00</td> </tr> </table> <hr/> <input type="checkbox"/> Emeritus* (NO JOURNAL)..... \$0.00<br><input type="checkbox"/> Emeritus*.....\$40.00<br><input type="checkbox"/> Sustaining*.....\$278.00<br><input type="checkbox"/> Life.....\$2500.00<br><input type="checkbox"/> Affiliated*.....\$80.00<br><input type="checkbox"/> Developing Countries*..... deduct up to 50% |   | <b>One Year</b>  | <b>Three Years**</b> | Individual..... | <input type="checkbox"/> \$90.00 | <input type="checkbox"/> \$250.00 | Post-Doctoral.... | <input type="checkbox"/> \$70.00 | <input type="checkbox"/> \$190.00 | Student..... | <input type="checkbox"/> \$50.00 | <input type="checkbox"/> \$130.00 | Associate (NO JOURNAL) | <input type="checkbox"/> \$50.00 | <input type="checkbox"/> \$130.00 | Additional Family Member (EACH) # _____ |  |  | ..... | <input type="checkbox"/> \$20.00 | <input type="checkbox"/> \$60.00 | <b>Print Subscription</b> (Membership required.)<br><table border="0"> <tr> <td></td> <td style="text-align: center;"><b>One Year</b></td> <td style="text-align: center;"><b>Three Years**</b></td> </tr> <tr> <td>USA &amp; Canada.....</td> <td><input type="checkbox"/> \$60.00</td> <td><input type="checkbox"/> \$180.00</td> </tr> <tr> <td>All Other Countries</td> <td><input type="checkbox"/> \$85.00</td> <td><input type="checkbox"/> \$255.00</td> </tr> </table><br><b>Donations</b> (Specific Donation Opportunities listed below. List individual amounts there.)<br>Total for Donations..... \$ _____ |  | <b>One Year</b> | <b>Three Years**</b> | USA & Canada..... | <input type="checkbox"/> \$60.00 | <input type="checkbox"/> \$180.00 | All Other Countries | <input type="checkbox"/> \$85.00 | <input type="checkbox"/> \$255.00 | <input type="checkbox"/> <b>Credit Card</b> We accept<br><input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA<br>Acct. # _____<br>Expiration: ____/____ CVV: _____<br>Name on Card: _____<br>Signature: _____<br><input type="checkbox"/> <b>Check</b> Check #: _____<br>Payable to: Mycological Society of America<br>Please write account # on check, we only accept payment in USD drawn on United States banks. |
|   |   | <b>One Year</b>  | <b>Three Years**</b> |                 |                                  |                                   |                   |                                  |                                   |              |                                  |                                   |                        |                                  |                                   |   |  |  |       |                                  |                                  |   |  |                 |                      |                   |                                  |                                   |                     |                                  |                                   |  |
| Individual.....   | <input type="checkbox"/> \$90.00  | <input type="checkbox"/> \$250.00  |                      |                 |                                  |                                   |                   |                                  |                                   |              |                                  |                                   |                        |                                  |                                   |   |  |  |       |                                  |                                  |   |  |                 |                      |                   |                                  |                                   |                     |                                  |                                   |  |
| Post-Doctoral....   | <input type="checkbox"/> \$70.00  | <input type="checkbox"/> \$190.00  |                      |                 |                                  |                                   |                   |                                  |                                   |              |                                  |                                   |                        |                                  |                                   |   |  |  |       |                                  |                                  |   |  |                 |                      |                   |                                  |                                   |                     |                                  |                                   |  |
| Student.....  | <input type="checkbox"/> \$50.00  | <input type="checkbox"/> \$130.00  |                      |                 |                                  |                                   |                   |                                  |                                   |              |                                  |                                   |                        |                                  |                                   |   |  |  |       |                                  |                                  |   |  |                 |                      |                   |                                  |                                   |                     |                                  |                                   |  |
| Associate (NO JOURNAL)  | <input type="checkbox"/> \$50.00  | <input type="checkbox"/> \$130.00  |                      |                 |                                  |                                   |                   |                                  |                                   |              |                                  |                                   |                        |                                  |                                   |   |  |  |       |                                  |                                  |   |  |                 |                      |                   |                                  |                                   |                     |                                  |                                   |  |
| Additional Family Member (EACH) # _____   |   |  |                      |                 |                                  |                                   |                   |                                  |                                   |              |                                  |                                   |                        |                                  |                                   |   |  |  |       |                                  |                                  |   |  |                 |                      |                   |                                  |                                   |                     |                                  |                                   |  |
| .....   | <input type="checkbox"/> \$20.00  | <input type="checkbox"/> \$60.00   |                      |                 |                                  |                                   |                   |                                  |                                   |              |                                  |                                   |                        |                                  |                                   |   |  |  |       |                                  |                                  |   |  |                 |                      |                   |                                  |                                   |                     |                                  |                                   |  |
|   | <b>One Year</b>   | <b>Three Years**</b>   |                      |                 |                                  |                                   |                   |                                  |                                   |              |                                  |                                   |                        |                                  |                                   |   |  |  |       |                                  |                                  |   |  |                 |                      |                   |                                  |                                   |                     |                                  |                                   |  |
| USA & Canada.....   | <input type="checkbox"/> \$60.00  | <input type="checkbox"/> \$180.00  |                      |                 |                                  |                                   |                   |                                  |                                   |              |                                  |                                   |                        |                                  |                                   |   |  |  |       |                                  |                                  |   |  |                 |                      |                   |                                  |                                   |                     |                                  |                                   |  |
| All Other Countries   | <input type="checkbox"/> \$85.00  | <input type="checkbox"/> \$255.00  |                      |                 |                                  |                                   |                   |                                  |                                   |              |                                  |                                   |                        |                                  |                                   |   |  |  |       |                                  |                                  |   |  |                 |                      |                   |                                  |                                   |                     |                                  |                                   |  |
| <p>*MUST BE APPROVED. EMAIL: mtbrewer@uga.edu</p> <p>** 3 year membership requires a 3 year subscription if a print subscription is wanted.</p>   | <b>Specialties</b><br>My current specialty(s): _____<br><br>Update my specialty(s) to:<br><input type="checkbox"/> Cell Biology/Physiology<br><input type="checkbox"/> Ecology/Pathology<br><input type="checkbox"/> Genetics/Molecular Biology<br><input type="checkbox"/> Systematics/Evolution | <b>TOTAL ENCLOSED:</b><br><div style="border: 2px solid black; padding: 5px; display: inline-block;"> \$ _____ </div><br>Questions?<br>Email us at msafungi@reesgroupinc.com |                      |                 |                                  |                                   |                   |                                  |                                   |              |                                  |                                   |                        |                                  |                                   |   |  |  |       |                                  |                                  |   |  |                 |                      |                   |                                  |                                   |                     |                                  |                                   |  |

## ENDOWMENT DONATIONS

### Mentor Travel Funds

- Thiers Mentor Travel Fund.....\$ \_\_\_\_\_
- Trappe Mentor Travel Fund.....\$ \_\_\_\_\_
- Uecker Mentor Travel Fund.....\$ \_\_\_\_\_
- Wells Mentor Travel Fund.....\$ \_\_\_\_\_
- Alexopoulos Mentor Travel Fund.....\$ \_\_\_\_\_
- Barksdale Raper Mentor Travel Fund.....\$ \_\_\_\_\_
- Orson & Hope Miller Mentor Fund.....\$ \_\_\_\_\_
- Butler Mentor Travel Fund.....\$ \_\_\_\_\_
- Denison Mentor Travel Fund.....\$ \_\_\_\_\_
- Fitzpatrick Mentor Travel Fund.....\$ \_\_\_\_\_
- Emerson - Fuller - Whisler Mentor Travel Fund.....\$ \_\_\_\_\_
- Korf Mentor Travel Fund.....\$ \_\_\_\_\_
- Luttrell Mentor Travel Fund.....\$ \_\_\_\_\_
- Charles L Kramer Mentor Travel Fund.....\$ \_\_\_\_\_
- Robert L Gilbertson Mentor Travel Fund.....\$ \_\_\_\_\_
- Howard Bigelow Travel Fund.....\$ \_\_\_\_\_
- Margaret E Barr Bigelow Travel Fund.....\$ \_\_\_\_\_

### MSA Distinction Funds

- Alexopoulos Prize Fund.....\$ \_\_\_\_\_

### Research Award Funds

- Karling Lecture Fund.....\$ \_\_\_\_\_
- Martin-Baker Award.....\$ \_\_\_\_\_
- Smith Award.....\$ \_\_\_\_\_
- S Bartnicki Garcia Student Research Award Fund.....\$ \_\_\_\_\_
- Clark Rogerson Award.....\$ \_\_\_\_\_
- Forest Fungal Ecology Award.....\$ \_\_\_\_\_
- Rippon Graduate Award.....\$ \_\_\_\_\_
- Undergraduate Award.....\$ \_\_\_\_\_
- Robert W. Lichtwardt Research Award.....\$ \_\_\_\_\_
- Translational Mycology.....\$ \_\_\_\_\_

### Student Award Funds

- Backus Graduate Award.....\$ \_\_\_\_\_
- Meredith Blackwell Best Student Oral Presentation Endowment Fund.....\$ \_\_\_\_\_

### General Funds

- MSA Diversity Award.....\$ \_\_\_\_\_
- North American Mycoflora Project.....\$ \_\_\_\_\_
- Uncommitted Endowment.....\$ \_\_\_\_\_

**TOTAL FOR DONATIONS.....\$ \_\_\_\_\_**