



Mycological Society of America

Membership Application Supporting Documentation

Date: _____

To: MSA Council

From: Applicant Name: _____

Applicant Email: _____

Having already submitted an application for membership and paid membership dues to the Mycological Society of America, I certify that the information I provided here is correct and that I meet the requirements for membership. I also agree that, if accepted, I will be governed by the Society's bylaws as long as I remain a member.

I wish to be considered for membership in the Mycological Society of America as a:

Post Doctoral Member

A full-time postdoctoral associate endorsed by his or her principal investigator or department chair.

Student Member

A full-time student in good standing endorsed by his or her major professor or department chair.

Per criteria for this membership, I am submitting the following:

Endorsement (required): To be completed by the principal investigator, professor, faculty advisor, or department chair at the university.

Dear MSA Council Members:

I certify that *(student name)* _____ **is a full-time student, regularly enrolled in and pursuing a science degree at** *(university name)* _____ **with an interest in and/or focus on mycology.**

Signature of Professor, Dept. Chair or Principal Investigator

Date

Print Name: _____

Email: _____

Office Phone: _____

Department: _____

Please complete and return this form to msafungi@reesgroupinc.com