

# 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



## Membership Application for the MSA

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Organization:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Street Address:** \_\_\_\_\_  
**City, State, Country, Zip:** \_\_\_\_\_

### Member Type *(All types include online journal access unless noted.)*

	One Year	Two Years	Three Years	Auto Enroll
Individual.....	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$250.00	<input type="checkbox"/>
Post-Doctoral.....	<input type="checkbox"/> \$70.00	n/a	n/a	
Student.....	<input type="checkbox"/> \$50.00	n/a	n/a	
Associate (NO JOURNAL) .....	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$100.00	<input type="checkbox"/>
Add'l Family Member (EACH) #.....	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$60.00	
*Emeritus (NO JOURNAL).....	<input type="checkbox"/> \$0.00			
*Emeritus (WITH JOURNAL).....	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$150.00	<input type="checkbox"/>
*Sustaining.....	<input type="checkbox"/> \$278.00 and up			
*Life.....	<input type="checkbox"/> \$2500.00 one-time			
*Affiliated.....	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$250.00	<input type="checkbox"/>
*Developing Countries.....	deduct up to 50%			

\*Must be approved. Email: msafungi@reesgroupinc.com

### Print Journal Subscription *(Membership for the same number of years required.)*

	One Year	Two Years	Three Years
USA & Canada			
	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$180.00
All Other Countries			
	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$250.00

### Specialties

My current specialty(s): \_\_\_\_\_  
 Update my specialty(s) to:  
 Cell Biology/Physiology     Genetics/Molecular Biology  
 Ecology/Pathology         Systematics/Evolution

## 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

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

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

**Credit Card** We accept  DISCOVER  MASTERCARD  VISA

Acct. # \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Check #** \_\_\_\_\_ *Checks payable to Mycological Society of America must be paid in US dollars drawn on United States banks.*

**TOTAL ENCLOSED: \$** \_\_\_\_\_

*Questions? Email us at msafungi@reesgroupinc.com*