

THE SYDNEY FUNGAL STUDIES GROUP INC.

Membership Application Form (SFSGI 1-11)

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

.....
Full name of applicant. (and for joint*** applications full name of spouse/partner).

.....
Signature of applicant (and 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

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:

Send this form, with payment, cheque or money order, to:

The Treasurer, Judith Gover, 5 Dawes St, Little Bay NSW 2036. Email:- dgover@bigpond.net.au

Alternatively payment can be made by electronic funds transfer (see below).

****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/...../...

With regard to Newsletters; you may elect,

to receive a mailed copy of the Newsletter only

to receive an email copy of the Newsletter only

to receive both a mailed copy and an email copy of the Newsletter.

Please mark one. Note that you may vary your nomination at any time.

(The posted Newsletter is monochrome, the email Newsletter is colour.)

*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.

Payment by internet (EFT), not BPAY.

On the TRANSFER MONEY menu on your internet bank account:-

Please enter in the **TO ACCOUNT** box

Account Name: Sydney Fungal Studies Group. **BSB:** 032083 **Account No:** 121022

Amount: Your subscription amount.

To account description: Please enter your name/s (eighteen characters allowed). This is necessary so that the SFSGI treasurer knows who has paid.

** 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 mailed Newsletter.

For office use only:

Received: **Accepted**..... **EFT / MO/Cheque No.**