APPLICATION FOR MEMBERSHIP OF

ISLE OF MAN FUNGUS GROUP

Name..... Additional family names:

Address..... .....

....

Post Code..... .....

e-mail..... ** .....

Telephone.....

Tick one

[ ] Individual Membership £8.00

[ ] Family Membership (1 or 2 adults and children under 16 living at the same address) £12.00

All subscriptions should be made payable to **ISLE OF MAN FUNGUS GROUP**.
Please do not send cash.

Return this form together with your cheque to:

Mick and Karen Rodger
14 Victoria Road
Castletown
Isle of Man
IM9 1EW

Our membership year will start on 1 August each year. Subscriptions received after the 1 June will cover the period until the end of July the following year.

Do you agree to fungus records you may supply being used by the IOMFG for fungus conservation and being entered into the Manx Biodiversity Partnership database ? **YES / NO**

Under the data protection legislation, we are required to inform you that your membership records will be kept on a computer database. The records will be used solely for keeping track of, and communicating with, the membership and will not be made available to any other organisations.

"I understand that the Isle of Man Fungus Group does not provide an identification service or offer advice regarding edibility of fungi."

Please sign and date:

..... Signature ……. date

** Essential to provide an email address as all communication is done electronically to keep our costs down and enable more funds to be used for the Group's aims.