

American Mushroom Membership Application



COMPANY: _____

CONTACT: _____ TITLE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ COUNTRY: _____

PHONE: _____ EMAIL: _____

WEBSITE: _____

BUSINESS TYPE (check one): Associate Buyer/Shipper Consultant

REFERRED BY (if applicable): _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR COMPANY/BUSINESS/FARM:

PAYMENT: \$450 USD

Cash or Check: make payable to American Mushroom Institute

Credit Card payments incur a 4% fee

Contact AMI for International Wire Transfers

Contributions or gifts to American Mushroom Institute are not deductible as charitable contributions for federal income tax purposes. However, dues payments may be partially deductible by members as a business expense.

ASSOCIATE/SUPPLIER

American Mushroom
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Avondale, PA 19311

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www.americanmushroom.org