

American Mushroom Institute

Membership Application



GROWER

COMPANY: _____

CONTACT: _____ TITLE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ COUNTRY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

WEBSITE: _____

REFERRED BY (if applicable): _____

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

PAYMENT:

For growers under 1.3 million pounds/year: \$400 flat fee

For growers over 1.3 million pounds/year: .00030 per lb.

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.

American Mushroom Institute
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