



AMERICAN RHODODENDRON SOCIETY

Application for Membership

Name _____

Address _____

City/State _____

Zip/Country _____

Telephone _____

Fax _____ E-mail _____

MEMBERSHIPS ARE ON A CALENDAR YEAR

- Membership includes chapter membership
 - Student (include proof if over 18).....\$10.00
 - Individual/Family.....40.00
 - Commercial/Corporate.....90.00
 - Sustaining.....75.00
 - Sponsoring..... 150.00
 - Life, single.....1,000.00
 - Life, family.....1,500.00
- I would like my "home" chapter to be:

In addition to the above "home" chapter, you may wish to belong to other chapters as an ASSOCIATE MEMBER. List those chapters here and enclose an additional \$10/chapter:

Credit card no. _____

Expiration date _____

Signature _____

Or, send this form with US Funds drawn on a US Bank, payable to:

AMERICAN RHODODENDRON SOCIETY
 P.O. Box 525
 Niagara Falls, NY 14304-0525
 Phone (416) 424-1942, Fax (905) 262-1999
 Email: lauragrants@arsoffice.org
 Website: www.rhododendron.org



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