

Member Renewal Form

Enter any changes to this label in the form below:				
	Enter any changes	n this	lahel in t	the form helow:

Mail along with a check in U.S. funds to:

(Member name or label) (Member address) (Member city, state, & zip)

(Chapter name or label) (Chapter address) (Chapter city, state, & zip)

Enter any changes in hox below. Must be postmarked no later than December 1st

Enter any changes in box below, must be postinarized no later than becember i						
Name:						
Affiliation / Second Name						
Street Address:						
City:						
State/Province:		Zip/Postal Cod	e:			
Telephone: *						
Fax:						
E-Mail Address: *						
Confidentiality? (See note below)	Yes		No			
Note: Confidentiality All members' addresses appear in our membership roster, but checking "No" will avoid showing your phone, fax and E-mail address.						

Membership Category	Yearly Dues (\$US)
Student (include proof if over 18) [St]	\$10.00 (electronic Journal ARS only)
Regular (1 or 2 people in same household) [R]	\$40.00
Commercial-Corporate (full page website ad) [C]	\$90.00
Sustaining [SU]	\$75.00
Sponsoring [SP]	\$150.00
Life, single [L]	\$1,000 (payable over 3 years, \$400, \$300, \$300)
Life, family [L]	\$1,500 (payable over 3 years, \$500, \$500, \$500)

Enter Yearly Dues Amount: \$ Number	of years: Total Dues: \$	_
$\hfill \Box$ Check here if you do not wish a physical copy of t	he Journal ARS (electronic version is available))
Make a donation to the ARS General Fund	\$	
Honor or remember someone with a donation to	the ARS Endowment Fund\$	
Name (optional)		
Make a donation to the ARS Research Foundation?	\$	
Total U.S. Funds Enclosed	\$	

^{*} indicates required. Thank you for renewing your membership in the American Rhododendron Society