



THE AMERICAN RHODODENDRON SOCIETY

AUTUMN IS RENEWAL TIME

Members Worldwide

ASSOCIATE MEMBERSHIP RENEWAL FORM

Please mail your associate dues before December 1

Name _____ Member # _____

Address _____

Phone number _____ Email _____

**Home chapter: _____

***You must be a full member of another Chapter to be eligible for an Associate membership*

Enclose your Associate Dues \$ 10.00

Extra Endowment Fund Donation \$ _____

Extra General Fund Donation \$ _____

Total Enclosed \$ _____

Please submit this form along with your payment to your Associate Chapter Treasurer or Membership Chairperson.