



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

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

VISIT www.rhododendron.org



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