



**American
Rhododendron Society**
Members Worldwide

Member Renewal Form

Enter any changes to this label in the form below:

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)
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Enter any changes in box below, Must be postmarked no later than December 1st

Name:		
Affiliation / Second Name		
Street Address:		
City:		
State/Province:	Zip/Postal Code:	
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
Life, family [L]	\$1,500

* Enter Yearly Dues Amount: \$ _____ Number of years: _____ Total Dues: \$ _____

Check here if you do not wish a physical copy of the 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