

Member Renewal Form

Enter any changes	to this label in	the form below:	Mail along with	n a check in U.S.	funds to:
Litter arry changes	to tills label il	i tile lollil belew.	IVIAII AIOTIG WILL	i a chiccit in C.C.	iulius 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 box below. Must be postmarked no later than December 1st

Litter any changes in box belo	w, must be	postmarked no it	iter than becember 1		
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)	\$10.00 (electronic Journal ARS only)	
Regular (1 or 2 people in same household)	\$40.00	
Commercial-Corporate (full page website ad)	\$90.00	
Sustaining	\$75.00	
Sponsoring	\$150.00	
Life Member (1 or 2 people in same household)	\$1,000	

Enter Yearly Dues Amount: \$	Number of years:				
☐ Check here if you do not wish a paper 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 Fou	ındation?	\$			
Total U.S. Funds Enclosed	\$				

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