The American Rhododendron Society Date_____
_____Chapter, Prepared by_____

Send to:
Laura Grant, ARS Office
P.O. Box 525
Niagara Falls, NY 14304
Fax: (905) 262-1999
lauragrant@arsoffice.org

RENEWAL EXPRESS
Exclusively for Membership Renewals
(No Changes, No Donations)

Member No.	Member Name (First and Last)	Type	*Check if Confidential	Year Expires	ARS Office Amt Due
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Type	OARS Amount
R=Regular	$30
C=Commerical	$80
Su=Sustaining	$63
Sp=Sponsoring	$136
L=Life, single	$400
L=Life, family	$500
A=Associate	$0.00

18-month rates are for new members only to be offered April 1 - July 1.

Subtotal add to page 1. Chapter Check No._____Enclosed $_____ Page of

***Phone, fax & e-mail are not to be included in annual membership roster (from renewal form)**