



# 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

Student (include proof if over 18).....\$10.00

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 43, Craryville, NY 12521

Ph: 631-533-0375

E-Mail: member@arsoffice.org

Website: www.rhododendron.org



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