

Siuslaw Chapter, American Rhododendron Society

Membership Application

Please PRINT Everything

Full Name _____

If Family Membership:

Second Full Name _____

Address (mailing) _____

City, State, Zip _____

Phone Number with area code _____

E-Mail Address _____

Today's Date _____

Please check below

- Individual Membership \$35/year
 Family Membership \$40/year (Second Name above)

Please mail completed application along with check made out to
Siuslaw Chapter, American Rhododendron Society, to:

Siuslaw Chapter, ARS
Post Office Box 1701
Florence OR 97439-0111

Questions? Please contact Mike Bones at 541-997-3082.

Please print your name, as you would like it on your chapter nametag. (Use a nickname if you like)

First Name _____

Second Name _____