

Siuslaw Chapter, American Rhododendron Society

Membership Application

Please PRINT Everything

Full Name _____

Second Full Name _____

Address (mailing) _____

City, State, Zip _____

Phone Number with area code _____

E-Mail Address _____

Today's Date _____

Please check below

Family Membership \$40/year

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, for your chapter nametag.
(Use a nickname if you like)**

First Person Name _____

Second Person Name _____