

# Membership Application

Please PRINT Everything

Full Name \_\_\_\_\_

If **Regular Membership**: (\$40/year)

Second Full Name \_\_\_\_\_

If **Associate Membership**: (\$10/year) Please list your home ARS Chapter) \_\_\_\_\_

Address (mailing) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number (with area code) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Today's Date \_\_\_\_\_

Please mail completed application along with your check payable 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) or <rhodies@charter.net>

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

First Name \_\_\_\_\_

Second Name \_\_\_\_\_