

Member Renewal Form

Enter any changes to this label in the form below:

Mail along with a check in U.S. funds to:

(Member name or label)

(Member address)

(Member city, state, & zip)

(Chapter name or label)

(Chapter address)

(Chapter city, state, & zip)

Enter any changes in box below, Must be postmarked no later than December 1st

Name:		
Affiliation / Second Name		
Street Address:		
City:		
State/Province:		Zip/Postal Code:
Telephone: *		
Fax:		
E-Mail Address: *		
Confidentiality? (See note below)	Yes	No
Note: Confidentiality All members' ad will avoid showing your phone, fax and E-		opear in our membership roster, but checking "No" ess.

Membership Category	Yearly Dues (\$US)	
Student (include proof if over 18) [St]	\$10.00 (electronic Journal ARS only)	
Regular (1 or 2 people in same household) [R]	\$40.00	
Commercial-Corporate (full page website ad) [C]	\$90.00	
Sustaining [SU]	\$75.00	
Sponsoring [SP]	\$150.00	
Life, single [L]	\$1,000 (payable over 3 years, \$400, \$300, \$300)	
Life, family [L]	\$1,500 (payable over 3 years, \$500, \$500, \$500)	

* Enter Yearly Dues Amount: \$	Number of years:	Total Dues: \$

Make a donation to the ARS General Fund	\$
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 \Box Check here if you do not wish a physical copy of the Journal ARS (electronic version is available)

Name (optional)

Make a donation to the ARS Research Foundation?	\$
* Total U.S. Funds Enclosed	\$

* indicates required. Thank you for renewing your membership in the American Rhododendron Society