



## Siuslaw Chapter, American Rhododendron Society

### Membership Application

Please PRINT Everything

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

If Regular Membership: (\$40.00/yr.) \_\_\_\_\_

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

If Associate Membership: (\$10/yr.) 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*** and mail to:

Siuslaw Chapter, ARS  
PO. Box 1701  
Florence, OR 97439-0111

Questions? Please contact Day Farrald at: (541-579-5544) or Day817@outlook.com

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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 \_\_\_\_\_