

## **Membership Application (Print and Mail)**

Print out, fill in the form below and mail along with a check to Southeastern Chapter ARS or SE-ARS (\$US) to:

Southeastern Chapter ARS c/o Jackson McCarter,M.D. 280 Trammell Road Travelers Rest, S.C. 29690

Name:  Affiliation / Second Name:  Street Address:			
		City:	
		State/Province:	Zip/Postal Code:
Telephone			
Fax:			
E-Mail Address:			
Membership Category, amount enclosed : (list below)			
Membership Category	Yearly Dues (\$US)		
R Regular (one or two people in same household)	\$40.00		
C Commercial-Corporate	\$90.00		
S Sustaining	\$75.00		
Sp Sponsoring	\$150.00		
Ls Life, single	\$1,000.00 Payable over 3 year period (\$400, \$300, \$300)		
Lf Life, family	\$1,500 Payable over 3 year period (\$500, \$500, \$500)		
As Associate. Member of anothe Chapter (which chapter?):	r ARS \$10.00		
Note: Confidentiality - May we have permission to use this information in our membership roster and other Society publications? All members' addresses appear in our membership roster, but checking "No" will avoid showing your phone, fax and E-mail address. No			

Thank you for joining the American Rhododendron Society!

**American Rhododendron Society**