



AMERICAN RHODODENDRON SOCIETY

Application for Membership

Name _____

Address _____

City/State _____

Zip/Country _____

Telephone _____

Fax _____

E-mail _____

MEMBERSHIPS ARE ON A CALENDAR YEAR

Membership includes chapter membership

Individual\$35.00

Family 40.00

Commercial/Corporate 90.00

Sustaining 50.00

Sponsoring 100.00

Life 1,000.00

I would like my "home" chapter to be:

Tappan Zee

In addition to the above "home" chapter, you may wish to belong to other chapters as an ASSOCIATE MEMBER. List those chapters here and enclose an additional \$8/chapter:

Credit card no. _____

Expiration date _____

Signature _____

Or, send this form with US Funds drawn on a US Bank,
payable to: **Tappan Zee Chapter/ARS**

Gus Cerini
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Pearl River, NY 10965
E-mail: ccerini@tappanzee.org

VISIT www.tappanzee.org