



AMERICAN RHODODENDRON SOCIETY

Application for Membership

Name _____

Address _____

City/State _____

Zip/Country _____

Telephone* _____

E-mail* _____

MEMBERSHIPS ARE FROM SEPT. TO SEPT.

Membership includes chapter membership	
Student (include proof if over 18).....	\$10.00
Individual/Family.....	40.00
Commercial/Corporate.....	90.00
Sustaining.....	75.00
Sponsoring.....	150.00
Life, single.....	1,000.00
Life, family.....	1,500.00
Membership Category: (from list above)	

* **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.

Confidentiality? (See note above)

Circle One: Yes No

Fill out this form and mail along with a check to:

Delaware Valley Rhododendron Society
14 Northwoods Road
Radnor, PA 19087



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