

MEMBERSHIP APPLICATION					
NAME:		SECOND NAME (in same household, if applicable):			
ADDRESS:			CITY:		
STATE/PROVINCE: ZIP/POSTAL COI		DE:	COUNTRY:		
E-MAIL:	PHONE:				
☐ Check here if you prefer that the email and phone information provided above not be included in the membership roster.					
Membership Category (check one)				Yearly Dues	
Regular (1 or 2 persons in same household): See list of full benefits at: www.rhodies.org/chapter/pdx_membership.htm					\$40
Commercial & Corporate: Growers receive full-page ad on ARS website; Annual listing in ARS Journal; 5% discount on current ARS Journal advertising rates					\$90
Sustaining: Extra \$35 helps support the ARS mission; Annual listing in the ARS Journal					\$75
Sponsoring: Supports the ARS mission and goals; Annual listing in the ARS Journal					\$150
Student (please include proof if over 18): All regular benefits except no option to receive ARS Journal by mail					\$10
☐ Life Member – Single: Payable over 3-year period: \$400, \$300, \$300					\$1,000
Life Member – Family: Payable over 3-year period: \$500, \$500, \$500					\$1,500
Enter Yearly Dues Amount: \$ x Number of Years: = Total Dues: \$					
☐ Check here if you wish to receive the chapter newsletter, <i>Rhododendron News</i> , by US Mail, rather than the standard email delivery.					
Make a donation to the Portland Chapter General Fund			Donation \$		
Make a donation to the ARS General Fund			Donation \$		
Honor or remember someone with a donation to the ARS Endowment Fund			Donatio	n \$	
Name (optional): Make a donation to the ARS Research Foundation			Donatio	ın Ś	
			·		
TOTAL US \$ ENCLOSED:				\$	

Please make your check payable to ARS Portland Chapter and send to:

Richard Cavender, Treasurer ARS Portland Chapter 15920 SW Oberst Lane Sherwood, OR 97140-5020

Thank you for joining the Portland Chapter of the American Rhododendron Society