



Fraser South Rhododendron Society

frasersouthrhodos.ca

2024 Membership Form

Date _____

Membership: *[An individual or two people residing at the same address]*

_____ Full Member: (Includes ARS membership & quarterly ARS Journal)	\$55	_____
_____ Associate: (Member of _____ ARS Chapter)	\$15	_____
_____ FSRS Chapter member (ARS membership & journal NOT included)	\$25	_____

All personal information collected here is for FSRS or ARS use only. Your contact information will be included in the FSRS membership directory, distributed to FSRS members, unless you indicate here that all or part should be kept confidential.

Last Name _____ First Name _____

Last Name _____ First Name _____

Address _____

City _____ Province (State) _____ Postal Code _____

Telephone Number _____ Email Address _____

All cheques should be made out to: **Fraser South Rhododendron Society**

If mailing, send to: Gerald Nemanishen 31930 Viewcrest Ave. Mission, B.C. V4S 1E7
Membership questions may be addressed to the FSRS Membership Chair,
Gerald Nemanishen at 604-855-3335 or to any other FSRS officer.

Treasurer _____; FSRS database _____; YAK Editor _____ or Snail Mail _____; ARS _____.