



North Island Rhododendron Society

PO Box 3183
Courtenay, BC
V9N 5N4

North Island Rhododendron Society Membership

Check One: New Member: \$40 Student Member \$10 Associate Member: \$10

Last Name: _____ First Name: _____

Spouse/Partner's Name (Optional): _____

Phone: _____ Email address: _____

Address: _____ Town: _____ Postal Code: _____

Mailing Address (if different from above): _____

The North Island Rhododendron Society and parent organization, The American Rhododendron Society collect your name, address, telephone number, email and other pertinent information for the purpose of notifying you of club events, sending you a newsletter, and providing a roster of names and contact information to paid members of the Society. We do not sell, disseminate or otherwise provide your name and information to others. By signing this membership form and paying your membership dues you agree to the use of your personal information.

Note to new members: your name, will appear in the ARS Journal in the 'New Members' section unless otherwise instructed on this form.

Please check one: I give my permission _____ I do not give my permission _____

By signing this membership form you agree not to hold the North Island Rhododendron Society, its executive and members liable for any injury or grievance arising during social events or meetings held by or organized for members of this club.

DATE SIGNED: _____ SIGNATURE: _____

(Mail to: Membership Chair, N.I.R.S., P.O. Box 3183, Courtenay, BC, V9N 5N4)