



**Mount Arrowsmith Rhododendron Society
(MARS)**

Membership/Renewal Application

***MARS welcomes you to membership in our local chapter
and to membership in the American Rhododendron Society.***

Name(s): *The \$30 annual membership fee includes up to 2 members from the same address.*

Full Name: _____

Full Name: _____

Names you want on your MARS Name Badges (New members only): Same as above; OR:

Contact Information:

Street Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Email Address: _____ **Phone:** _____

Privacy: We value your privacy and comply with BC Privacy Laws. In order for us to carry on the activities and business of MARS, we ask that you read the following:

By signing this Application for Membership Form for MARS, you agree to:

- a) Use of your personal contact information to carry on the business and activities of MARS; and
- b) All prior and future use of your photo and your first name on the MARS Website, MARS Newsletter and MARS Facebook page in order to publicize activities and events of MARS and promote community awareness of, and interest in, those activities and events; and
- c) The disclosure of your personal contact information to the American Rhododendron Society in order to become a member of the ARS and receive the ARS Journal and other publications.

Please read our Privacy Policy at <http://www.marsrhodos.ca/privacy> for full details.

Signature:

I agree to the terms of membership:

Date: _____

Member 1

Member 2

Please give this form along with payment to the MARS Membership Chair in person at any meeting, or mail with a cheque payable to MARS for \$30.00 (no GST) to MARS, PO Box 342, Qualicum Beach, BC V9K 1S8. You may also pay by sending an Interac e-Transfer to treasurer@marsrhodos.ca. The membership term is 12 months, from January 1 to December 31 of each calendar year.

Answer to e-Transfer security question: _____