



# Membership Application

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

TYPE OF MEMBERSHIP (check one):

INDIVIDUAL - \$15.00

FAMILY (family members residing at same address) - \$20.00

Make check payable to: *“Syracuse Rose Society”*

Bring to the next meeting, or mail to:

Sonia Kragh, SRS Treasurer  
107 Cross Road  
Syracuse, NY 13224-2126

## Special Offer for NEW SRS Members

- YES, I would like to receive a FREE four-month trial membership in the American Rose Society. Please forward to ARS my:
  - Name and Address (required)
  - Phone number (optional)
  - E-mail address (optional)
- I DO NOT wish to take advantage of this offer.