



Membership Application

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____

EMAIL _____

TYPE OF MEMBERSHIP (check one):

INDIVIDUAL-\$15.00

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

Make check payable to: "Syracuse Rose Society"

Mail to (or bring to a SRS meeting) :

Sharon Nauen

333 Scott Avenue

Syracuse, NY 13224

Make a check mark:

If you would like to receive a FREE 4 month trial membership to the American Rose Society

Additional Notes: Anything specific you would like to learn or are interested in?

(Please list below)