



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) :

Lisa M Munoff, SRS Treasurer
1773 State Route 173
Chittenango, NY 13037

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)

