



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:

Sue Kamp, SRS Treasurer
8263 Drinkwater Lane
Manlius, NY 13104

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.