

CANADIAN ROSE SOCIETY - ANNUAL MEMBERSHIP APPLICATION FORM

(Annual Memberships are from 1st January to 31st December.)

Newsletters and announcements are emailed to members.

Date of Application:				
Single Membership		\$25	\$	
A charitable donation of \$10 or more (You will receive an Official Receipt for Tax Purpose		or all donations)	\$	
Canadian or US Dollars are acceptable		Total:	· \$	
New Member:	Membership Renewal:	Gift Memb	pership	
Gift Membership is from: (Name)		(Email)		
Are you an Accredite	d Rose Judge: YES:	NO:		
If a Member of anothe	er Rose Society, domiciled in Cana	ada, please enter its n	name (ONLY one, please)	
(For gift membershi) Name: Address: City: Province or State:	ps please insert the contact info	rmation for the pers	intry:	
Email address:				_
Would you be interes	sted in being a CRS Director or V	olunteer: YES:	NO: MAYBE:	
For more informati	on contact our society at memb	ers@canadianrose	society.org	
Payment can be r	nade by:			
CHEQUE: Payable	to the Canadian Rose Society and	l mailed to:		
Treasurer, Canadi	ian Rose Society, c/o 233 Covewoo	od Circle NE, Calga	rv, AB, T3K 5S7, Canada	

www.canadianrosesociety.org/on-line-single-membership/

E-TRANSFER OR PAYPAL: Use the on-line application form and follow the instructions.