

CANADIAN ROSE SOCIETY

SINGLE/FAMILY ANNUAL MEMBERSHIP APPLICATION FORM

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

All Society Publications are emailed. Members receive 4 Newsletters by email every year.

Single Membership **\$20** \$ _____

Family Membership – all living at the same address **\$25** \$ _____

A charitable donation of **\$10** or more \$ _____

(You will receive an Official Receipt for Tax Purposes for all donations)

Canadian or US Dollars are acceptable **Total** \$ _____

Date of Application: _____

NEW Member: _____ **RENEWING my Membership:** _____

Are you an **Accredited Rose Judge**: **YES:** _____ **NO:** _____

If a Member of another **Rose Society, domiciled in Canada**, please enter its name (**ONLY one, please**)

PLEASE PRINT YOUR CONTACT INFORMATION CLEARLY

Name: _____

Address: _____

City: _____

Province or State: _____ **Postal Code:** _____ **Country:** _____

Telephone: _____

Email address: _____

Would you be interested in being a CRS Director or Volunteer: **YES:** _____ **NO:** _____ **MAYBE:** _____

For more information contact our society at members@canadianrosesociety.org

Payment can be made by:

CHEQUE: payable to the Canadian Rose Society and mailed to:

Treasurer, Canadian Rose Society
c/o 233 Covewood Circle NE
Calgary, AB, T3K 5S7, Canada

OR

E-TRANSFER or PAYPAL (credit card or PAYPAL account): use the on-line application form at www.canadianrosesociety.org/on-line-single-membership/