



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 Purposes for all donations)

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

New Member: _____ **Membership Renewal:** _____ **Gift Membership** _____

Gift Membership is from: (Name) _____ **(Email)** _____

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

(For gift memberships please insert the contact information for the person receiving the gift.)

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 204 – 2025 Meadowgate Blvd., London, ON N6M 1K9, Canada

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

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