

**Richmond Rose Society
Membership Application**

Membership is open to all who wish to grow roses for pleasure or exhibition, and to learn from fellow rosarians. We meet at Children's Hospital at 2:00 p.m. on the fourth Sunday of each month except July, August, November, and December. Please join us for fellowship, refreshments and to learn more about roses.

Last Name: _____ First Name(s): _____

Street Address: _____

City: _____ State: _____ Zip _____

Phone: _____ email address: _____

Fees: Individual Annual Membership or Renewal \$12.00
(\$6.00 after July 1 for new members)
Family Annual Membership or Renewal \$17.00
(\$8.50 after July 1 for new members)
Name Tag \$10 each: Number _____

ATTENTION: Your dues are due in January each year and they are tax deductible. Dues are delinquent if not paid by March 31st.

Date _____ Amount Enclosed _____

Are you a member of the American Rose Society (ARS)? _____

Please list at least one way the Richmond Rose Society can assist you: _____

For New Members Only: How did you find out about our Rose Society? _____

Please mail your application and check to:

Grace LeRose, RRS Treasurer
1410 W. 41st Street
Richmond, VA 23225