



Membership Form

Type of Membership: Individual Family

Name (s): _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email*: _____

*(*Required for Electronic Newsletter)*

Are you a member of the American Rose Society? _____

Are you a certified Consulting Rosarian? _____

Are you a certified Master Rosarian? _____

What roses do you grow? _____

How did you hear about us? _____

What would you like to learn? _____

What areas interest you?

- | | |
|--|--|
| <input type="checkbox"/> Programs and Events | <input type="checkbox"/> Education |
| <input type="checkbox"/> Showing Roses | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Membership Outreach | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Research | <input type="checkbox"/> Community Involvement |
| <input type="checkbox"/> Board Positions | <input type="checkbox"/> Other |

Return completed form with a check payable to:
Fort Worth Rose Society
P.O. Box 471412,
Fort Worth, Texas 76147-1376