



Greater Columbia Rose Society

**Membership Application – 2020
Greater Columbia Rose Society**

Mr. Mrs. Ms. _____ Date: _____
Please Print First and Last name

_____ Phone: _____
List Spouse and other family members

Address: _____

City, State, Zip: _____

E-Mail Address: _____

Renewal ___ New Member ___ Gift Membership ___

Member of American Rose Society? Yes No How many years ___ Number of roses grown: ___

Dues are \$15.00 per calendar year (single or family at same address). Make checks payable to Greater Columbia Rose Society and send to

**Karen Crider
131 Longtown Place Drive
Columbia, SC 29229**

Please indicate in order of your preference (1,2 & 3) which committee you would most enjoy:

___ Hospital Rose Garden

___ Membership

___ Refreshments

___ Rose Show

Your comments and program suggestions are welcome. Use the back of this form or enclose a note with your remarks.

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