

Greater Columbia Rose Society

Membership Form

New member _____ *Renewal* _____ (plea. check one)

Name: _____

Address: _____

City: _____ *State:* _____ *Zip Code:* _____

E-Mail: _____

Phone Number: Home: _____ *Cell:* _____

Are you a member of the American Rose Society? Yes _____ *No* _____

If yes, what is the year you first joined the ARS? _____

Birthdate: Month & Day of each member: _____

The Greater Columbia Rose Society is an all-volunteer organization. What activities are you willing to help with?

Refreshments _____

Hospital Rose Garden Maintenance _____

Newsletter _____

Membership _____

Meeting Programs _____

Other _____

Dues are \$15 (individual or family) per calendar year, payable January 1 of each year.

Please make your check payable to: The Greater Columbia Rose Society and mail to:

*Morgiana Williams
Treasurer, Greater Columbia Rose Society
108 ASH BAY RD
COLUMBIA, SC 29229*

