

SAN ANTONIO ROSE SOCIETY MEMBERSHIP APPLICATION

Names: _____

Address: _____

City: _____ **ST:** _____

Zip + Four: _____ **Telephone:** _____

E-Mail: _____

Would you prefer to receive the Newsletter by e-mail? YES _____ NO _____

Are you an American Rose Society Member? YES _____ NO _____

_____ **SARS Annual Membership** **\$12.00**

If you elect to receive the Newsletter by mail **\$24.00**

South Central District

_____ **SCD Quarterly Newsletter** **\$5.00** (*Free for Patrons*)

_____ **Individual Patron** **\$25.00**

_____ **Family Patron** **\$40.00**

American Rose Society

_____ **ARS Annual Membership** **\$49.00**

_____ **Senior (Over 65)** **\$46.00**

_____ **ARS Joint Annual Membership** **\$62.00**

_____ **Senior Joint** **\$59.00**

TOTAL ENCLOSED _____

(ARS Joint Membership is one Regular member and an Associate member residing in the same household. Both are entitled to the same ARS benefits, but receive only one bi-monthly magazine.)

Please make check payable to "San Antonio Rose Society".

Mail application with check to:

Jo Ann Bradley

8108 Quebec Drive

San Antonio, TX 78239

So that we may better serve your rose growing needs, please provide your comments on the following questions:

1. What special topics would you like to see addressed in the *San Antonio Rose* Newsletter? _____

2. What subjects would you like to have discussed at our monthly member meetings? _____

3. What can the Society do to enhance the value of Membership? (Special "training" seminars, more frequent contact with Consulting Rosarians, in-garden demonstrations on planting, pruning, propagation, or Rose Show preparations, etc.) _____