



**APPLICATION FOR MEMBERSHIP IN THE
MINNESOTA ROSE SOCIETY**

Date: _____

Applicant Name: _____

Associate Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ E-mail: _____

Number of roses grown: _____ ARS member: YES _____ NO _____

How did you find out about the MRS? _____

Membership Rates

Single, 1 year	\$15.00
Associate, 1 year	\$ 5.00
Single, 3 years	\$42.00
Associate, 3 years	\$10.00

Payment enclosed: MRS Single Membership \$ _____

MRS Associate Membership \$ _____

MRS dues are payable on a January to December year basis. Please make your check payable to the MINNESOTA ROSE SOCIETY and mail it with this form to:

Sharon Stillings
1945 Cleveland Ave N
Roseville MN 55113
Tel. 651-633-8577
sjstillings@hotmail.com