

# COLLIN COUNTY ROSE SOCIETY

## Application for Membership 2010

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: home: (        ) \_\_\_\_\_ work: (        ) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Co-Applicant name: \_\_\_\_\_

CCRS Membership dues:  
(\$20.00 / yr / household) \_\_\_\_\_  
American Rose Soc. Membership  
(\$49 / yr. \$46 / yr over 65) \_\_\_\_\_  
South Central District  
(\$5 / yr with email newsletter) \_\_\_\_\_  
Total Amount Enclosed \_\_\_\_\_

**Make check payable to:**  
*Collin County Rose Society*

**Remit to:**  
CCRS Membership  
Joe Plunkett  
1601 Northcrest Dr.  
Plano, TX 75075