

COLLIN COUNTY ROSE SOCIETY

Application for Membership 2011

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
Judy Hawthorne
2837 Prairie Creek Drive
Plano, TX 75075