The Houston Rose Society

P. O. Box 22614 · Houston · Texas · 77227-2614
www.houstonrose.org

MEMBERSHIP APPLICATION

Name: _____

Other Members of the Same Household (no additional charge): _____

_____

Address: _____

City: _____ State: _____ Zip Code + 4 _____

Telephone: _____

E-Mail Address: _____

Preferred Method of Contact (check one) ___ E-Mail ___ Telephone ___ Mail

MEMBERSHIP DUES

HOUSTON ROSE SOCIETY MEMBERSHIP OPTIONS

___	Newsletter sent by regular mail (1 year)	$25.00
___	Newsletter sent by regular mail (3 years)	$70.00
___	Newsletter available online (1 year)	$20.00
___	Newsletter available online (3 years)	$55.00
___	Optional South Central District Newsletter	$ 5.00

Total Submitted: $_____

Paid by: ____ Check (payable to Houston Rose Society ___ Cash ___ Credit Card

For Credit Card Payments:

Type of Card: ___ Visa ___ Mastercard (we cannot accept debit cards)
Name on Card: _____
Credit Card No.: _____
Card Expires: _____ Security Code: _____

Billing Address of Card (if different than above):

_____

Note: Information on membership with the American Rose Society may be accessed on their website, www.rose.org, select the "Join/Renew" tab.