



JERSEY SHORE ROSE SOCIETY

**Application for
Membership
New or Renewal
\$20/yr**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ APPLICATION DATE _____

EMAIL _____ Would you like to receive our
monthly newsletter via email? Y N

BIRTHDATE (month / day) _____

CHECK ONE: New JSRS Member Renewing JSRS Member

Are you also an American Rose Society member? Y N

**SUBMIT THIS FORM WITH YOUR PAYMENT.
MAKE CHECKS OUT TO "JERSEY SHORE ROSE SOCIETY"**

**SUBMIT BOTH FORM AND PAYMENT TO:
Diane Steinmetz, Treasurer
507 Newman Springs Road
Lincroft, NJ 07738**