



Jersey Shore Rose Society Membership Application \$15/yr

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

PHONE NUMBER _____ APPLICATION DATE _____

Membership Cost per year \$ _____

FAMILY MEMBERS' NAMES _____

Birthdate (month/day) _____ Email address: _____

Are you currently an ARS (American Rose Society) member? Y or N

Would you like to receive the monthly newsletter via e-mail? Y or N

Send form with your check made out to the "Jersey Shore Rose Society" to

Diane Steinmetz, Treasurer
507 Newman Spring Rd.
Lincroft, NJ 07738