

Peninsula Rose Society

Membership Application

Name: _____

Address: _____

City: _____, CA

Zip: _____

Phone: _____

Email: _____

Amount Enclosed: _____

Individual membership: \$20.00, 2nd Family Member: \$5.00

Membership is from January 1st to December 31st.

New members joining after July 1st can pay 1/2 of the annual dues.

Special programs or activities you are interested in:

Bring this form and a check at the next membership meeting.

Questions: membership@peninsularosesociety.org.