

AMERICAN ROSE SOCIETY
CONSULTING ROSARIAN EMERITUS
REQUEST FORM

**** Submit to ARS HQ 30 days prior to awarding****

CR Emeritus Nominee: _____ District: _____

ARS Membership Current? _____ Year of CR Appointment: _____

Approved by:

District Director: _____

District Chairman of
Consulting Rosarians: _____

National Chairman of
Consulting Rosarians: _____

Status Verified by Headquarters: _____

PLEASE INCLUDE YOUR CHECK / MONEY ORDER OR CREDIT CARD NUMBER
ALL ORDERS MUST BE PAID IN ADVANCE

() VISA () MASTERCARD () DISCOVER () AMERICAN EXPRESS

CC # _____ CVV#: _____

Exp. Date: _____ Cardholder: _____

_____ CR Emeritus Certificate	\$10.00 each	TOTAL	\$ _____
_____ CR Emeritus Pin	\$10.00 each	TOTAL	\$ _____
_____ Printable PDF (No shipping cost)	\$5.00 each	TOTAL	\$ _____

SHIPPING & HANDLING CHARGES

Sales Total	U.S.	Sales Total	U.S.
\$ 1 - 4.99	\$ 1.00	\$20-39.99	\$ 6.50
\$ 5 - 9.99	\$ 1.50	\$40 - 79.99	\$13.50
\$10 - 14.99	\$ 3.50	\$80 - 124.99	\$15.50
\$15 - 19.99	\$ 6.00	\$125 PLUS	\$25.50

TOTAL POSTAGE \$ _____

TOTAL ORDER \$ _____

Ship To / Email To:

Name: _____

Address: _____

City, State, Zip; _____