



AMERICAN ROSE SOCIETY APPLICATION FOR CHAPTER and AFFILIATED CLUBS

Please check the classification for which your group is applying:

☐ **Chapter Club**
\$35.00 annual dues enclosed

☐ **Affiliated Club**
\$70.00 annual dues enclosed

Full official name of organization: _____

Date of founding: _____ How often are officers elected? _____

What month are your officers elected? _____

If you have a regular meeting place give full address: _____

Do you publish a bulletin? ☐ No ☐ Yes Title: _____

Is membership limited in anyway? ☐ No ☐ Yes If so, how? _____

What is your total club membership now? _____

How many individuals are ARS members? _____

How many families hold at least one regular ARS membership? _____

Please enclose a complete roster of your total club membership including officers as it stands presently.

Important addresses needed for ARS files:

PRESIDENT:

Name: _____

Address: _____

City: _____

State & Zip: _____

Phone: _____

Email: _____

TREASURER:

Name: _____

Address: _____

City: _____

State & Zip: _____

Phone: _____

Email: _____