

Richmond Rose Society Membership Application

Membership is open to all who wish to grow roses for pleasure or exhibition, and want to learn from fellow rosarians. We generally meet at Children's Hospital 2:00 p.m. on the fourth Sunday each month except during July, August, Nov. and Dec. Please join us.

Last Name: _____ First Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail Address: _____

Fees: **One-time Application Fee \$3.00 (New Members Only)**

Individual Annual Membership or Renewal \$12.00 (\$6.00 after July 1)

Family Annual Membership or Renewal \$17.00 (\$8.50 after July 1)

Date: _____ Amount Enclosed _____
Please include \$3.00 application fee.

How did you find out about the Richmond Rose Society: _____

If a R.R.S. member recommended us, please indicate the member's name.

Make check payable to: **Richmond Rose Society**, mail with application to:

Lucie Beauchamp, RRS Treasurer

P.O. Box 403

Goochland, VA 23063

Questions: Contact Lucie at (804) 457-4139 or parlezvous4@cs.com