

The Greater Atlanta Rose Society 2018 Membership Form

Name(s) _____

Nickname(s), if applicable _____

Address _____

City _____ Zip _____ - _____

Phone (H) _____ (W) _____ (C) _____

E-mail Address _____

GARS Regular Membership Dues (Per Household) \$30 _____

I would like to support GARS and become a Sponsoring Member \$50+ _____

I prefer receiving the full-color GARS newsletter, *The Phoenix*, by e-mail. _____
OR, I prefer receiving a black & white copy of *The Phoenix* by U.S. Mail
and agree to pay \$10 extra (to cover the cost of postage). _____

I am an American Rose Society ("ARS") member: Yes ____ No ____

I want GARS to register me in the 4-Month ARS Trial Membership: Yes _____

Number of rose bushes in my garden: _____. Member of GARS since: _____
(year)

**Make check payable to "GARS" and forward to:
Henry Everett, Treasurer
2690 Gleneagles Drive, Tucker, GA 30084-2419**