



Tallahassee Area Rose Society 2025 Membership

Member Name _____ **Joint Member Name** _____

Address _____

City _____ State _____ Zip Code +4 _____

Telephone _____
Home _____ Cell _____ Work _____

E-Mail _____
Member _____ Joint Member _____

Tallahassee Area Rose Society Membership

<i>Annual Individual</i>	<i>(\$15.00)</i>	_____
<i>Annual Joint</i>	<i>(\$20.00)</i>	_____
<i>Postal Mail copy of Newsletter</i>	<i>(\$10.00)</i>	_____
<i>Donation to TARS</i>	<i>(optional)</i>	_____

(The Tallahassee Area Rose Society is a 501(c)(3) nonprofit organization. Your donation may be tax deductible under the law.)

The American Rose Society*

<i>Annual Individual Print</i>	<i>(\$75.00)</i>	_____
<i>Annual Individual Digital</i>	<i>(\$55.00)</i>	_____
<i>Annual Associate</i> <i>(must be associated with a Primary member)</i>	<i>(\$20.00)</i>	_____

*Tallahassee Area Rose Society
2105 Miller Landing Road
Tallahassee, FL 32312-9000*

*The American Rose Society
P. O. Box 30,000
Shreveport, LA 71130-0030*

**You may write one check to the Society and ARS Memberships will be forwarded . If you have questions, please call 240-281-4352.*