

# Greater Milwaukee Rose Society 2025 Membership Application / Renewal Form

Complete this form (PLEASE PRINT LEGIBLY) and send with your check payable to: GMRS

Mail to: Jill Leisgang, 1622 Sarah Ct., Suamico, WI 54173

You are receiving this notice because your GMRS membership EXPIRES on December 31, 2024

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

If this membership covers other members of your household, print name(s) & email address(es) here:

\_\_\_\_\_  
\_\_\_\_\_

List any persons covered by this membership who hold credentials as a Consulting or Master Rosarian:

\_\_\_\_\_

Membership runs from January 1 thru December 31, and covers  
one (1) individual or all members in the same household / at the same address.

Membership includes email ONLY copies of the GMRS newsletter, *Rose Scents*, and the GMRS directory.

Renewals for current members are due by December 31, 2024

Please check your membership option.

Membership Dues are:

\$15 for 1 year (2025) \_\_\_\_\_

\$40 for 3 years (2025 thru 2027) \_\_\_\_\_

If no one covered by this membership has access to email or the internet, check here: ☐ to make arrangements  
for printed newsletters and a directory to be mailed to you for an additional charge of \$60/yr.

If you are making an additional tax-deductible contribution to the GMRS, enter the amount here:

\$ \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_ Date: \_\_\_\_\_

FOR  
OFFICE  
USE

Payment received (date): \_\_\_\_\_ Check Number: \_\_\_\_\_

Membership paid thru / extended thru December 31 of (year) \_\_\_\_\_

Form  
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