

Greater Milwaukee Rose Society 2026 - 2027 Membership Application / Renewal Form

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

Mail to: Char Heiden, 10914 W Cortez Rd, Franklin, WI 53132

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home 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 thru December 31, 2027 and covers one (1) individual or all members in the
same household / at the same address

Membership includes digital only copies of the GMRS newsletter, 'Rose Scents', and the GMRS
membership directory.

Membership Dues are:

\$15 for 1 year (thru 2027) _____

\$40 for 3 years (thru 2029) _____

If you would like to add 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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