

APPLICATION FOR MEMBERSHIP FORM

CHARLESTON ROSE SOCIETY

Name(s): _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Please remit a check made payable to the “Charleston Rose Society” in the amount of \$8 for a single membership or \$12 for a family membership and mail to:

Dick Hanlon, Treasurer
Charleston Rose Society
Route 10, Box 101
Charleston, WV 25312

Your membership includes a monthly newsletter.

Web Form