

MEMBERSHIP APPLICATION, ROSE SOCIETY OF SADDLEBACK MOUNTAIN

NAME(S): _____

STREET ADDRESS: _____

CITY: _____ ZIP: _____

EMAIL: _____

PHONE: _____

MEMBERSHIP TYPE: SINGLE: _____ HOUSEHOLD: _____

PAYMENT PREFERENCE: CHECK: _____

PAYPAL: _____ DATE PAID: _____

PAYPAL PAYMENT MAY BE SUBMITTED HERE:

<https://rosesocietyofsaddlebackmountain.org/dues-%2F-contact-us>

HOW DID YOU HEAR ABOUT US: _____

Please send Membership Application (with check if applicable) to:

Maxine Casper
25691 Rapid Falls
Laguna Hills, CA 92653
maxine.casper@cox.net