



MOUNT DIABLO ROSE SOCIETY

Established 1986

2026 MEMBERSHIP FORM

Renewal _____ **or** **New Membership** _____

Individual Membership \$25 _____

Dual Membership \$30 _____

(Dual=two adults with one mailing address)

Additional Donation (tax deductible) \$ _____

Please check the appropriate membership categories above, fill in contact information below, and include check for dues (+donation) in the corresponding amount.

NAME 1: _____

How Did You Hear About Our Rose Society?: _____

Main Rose Interest(s): _____

Current Member of American Rose Society (ARS)? _____ yes _____ no

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email Address 1: _____

NAME 2 (if dual membership): _____

Main Rose Interest(s): _____

Current Member of American Rose Society (ARS)? _____ yes _____ no

Email Address 2: _____

Please make your check payable to: MOUNT DIABLO ROSE SOCIETY or MDRS

Mail payment & completed membership form to:

MDRS Treasurer, Jan Soderstrom, 30 San Piedras Place, San Ramon, CA 94583