

## **SRS Membership Application Form**

**Name(s):**

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**Address:**

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**City/State/Zip:**

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**Telephone:**

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**e-mail:**

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**Memberships**     \$15.00 Single     \$20.00 Family

**Make checks payable to Syracuse Rose Society**

**Mail to: Murial Prianti  
5157 Orangeport Road  
Brewerton, NY 13029**