

American Rose Society

Consulting Rosarian Emeritus Request Form

Consulting Rosarian Emeritus Nominee: _____

District: _____

Approved By:

District Director: _____

District Chairman of
Consulting Rosarians: _____

National Chairman of
Consulting Rosarians: _____

Status Verified by ARS Headquarters: _____

Please Include Your Check / Money Order or Credit Card Information.

All Orders MUST be Paid in Advance.

Visa Mastercard Discover American Express

Credit Card Number: _____ Expiration Date: _____

Cardholder's Name: _____

| | | |
|--|-------------------|----------|
| _____ CR Emeritus Certificate - \$10.00 each | Total Certificate | \$ _____ |
|--|-------------------|----------|

| | | |
|--------------------------------------|--------------------|----------|
| _____ CR Emeritus Pin - \$10.00 each | Total Emeritis Pin | \$ _____ |
|--------------------------------------|--------------------|----------|

SALES TOTAL \$ _____

Shipping and Handling Charges U.S. (Please call for international rates)

SALES TOTAL

| | |
|----------------------------|------------------------------|
| \$10.00 - \$14.99 - \$3.50 | \$40.00 - \$79.99 - \$13.50 |
| \$15.00 - \$19.99 - \$6.00 | \$80.00 - \$124.99 - \$15.50 |
| \$20.00 - \$39.99 - \$6.50 | \$125.00 and up - \$25.50 |

Total Shipping

TOTAL ENCLOSED \$ _____

Ship to:

Name: _____

Address: _____

City, State, Zip; _____