

**AMERICAN ROSE SOCIETY
CONSULTING ROSARIAN EMERITUS
REQUEST FORM**

_____ **DISTRICT**

CR Emeritus Nominee: _____

Approved by:

District Director: _____

District Chairman of

Consulting Rosarians: _____

National Chairman of

Consulting Rosarians: _____

Status Verified by Headquarters: _____

**PLEASE INCLUDE YOUR CHECK / MONEY ORDER OR CREDIT CARD NUMBER
ALL ORDERS MUST BE PAID IN ADVANCE**

() VISA () MASTERCARD () DISCOVER

CC # _____ V-Code: _____

Exp. Date: _____ Cardholder: _____

(Prices below do not include shipping and handling.)

_____ CR Emeritus Certificate \$10.00 each

_____ CR Emeritus Pin \$10.00 each (Not Available at this time)

_____ Walnut Plaque \$30.00 each
(does not include certificate)

Ship to:

Name: _____

Address: _____

City, State, Zip; _____

Revised 2010