

CONSULTING ROSARIAN CANDIDATE FORM
PLEASE MAKE DUPLICATES OF FORMS AS NEEDED

Name: _____ Date: _____

Address: _____

City, State, Zip +4: _____ Email: _____

Are you a member of the American Rose Society in good standing? _____

Are you at least 18 years old? _____ When did your membership begin? (3 years required) _____

How many years have you grown roses? (5 years required) _____

Local society(s) you belong to plus city and state: _____

Date joined the local society: _____ I have participated in or assisted the following society activities:

I have chaired the following local society and/or district committees:

I have held or am holding the following local society and/or district offices:

I have given the following programs: _____

I have written the following articles (and where published): _____

I have attended _____ District Conventions and _____ National Conventions.

I hereby affirm that the above information is correct and that I understand the responsibilities and duties of being a Consulting Rosarian to inspire a love and appreciation of roses and their culture.

Signed: _____

Send this completed form with your letter of recommendation (available from the ARS website) signed by 3 active CRs to your district Consulting Rosarian Chair at least 30 days before the School.