

**AMERICAN ROSE SOCIETY  
NEW CONSULTING ROSARIAN CANDIDATE FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip +4 \_\_\_\_\_

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

When did your membership begin? (3 years required) \_\_\_\_\_

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

Local society(s) you belong to and 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 are 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 THREE (3) LETTERS OF RECOMMENDATION TO YOUR DISTRICT CONSULTING ROSARIAN CHAIR 30 DAYS BEFORE THE SCHOOL.**

(Revised 5/19/99)