

## 2025 INDIANAPOLIS ROSE SOCIETY MEMBERSHIP / \$25 PER FAMILY

Make check payable to: **Indianapolis Rose Society**  
Mail check to: Norma Bledsoe, 7670 Deerfield Lane, Zionsville IN 46077

NAME(S): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address(s): \_\_\_\_\_

Are you a member of the American Rose Society?    Yes    No

**Please help us plan future meetings and events by taking a few minutes to share your interest and involvement in the Indianapolis Rose Society.**

Why did you join Indianapolis Rose Society and what would you like to get out of your membership?

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What rose program topics are you interested in learning more about? \_\_\_\_\_

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Are there other gardening topics you would be interested in learning more about? \_\_\_\_\_

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Would you be willing to give a talk on a particular topic or host a garden tour? \_\_\_\_\_

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