

**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 signed by 3 active CRs to your district Consulting Rosarian Chair at least 30 days before the School.**

**CR Chair: Jolene Adams, 776 Pinedale Ct., Hayward CA 94544 -or- jolene\_adams@sonic.net**

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