

# Friend of the Rose Float Project



## ANNUAL MEMBERSHIP APPLICATION



NAME: \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_

Valid for one year

FIRST TIME ☐

RENEWAL ☐

REFERRED/RECRUITED BY: \_\_\_\_\_

☐

Previous Rose Float Club Member

☐

Previous Decorating Site Volunteer

## CONTACT INFORMATION

E-MAIL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

☐

MOBILE

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

ANNUAL FEE

**\$100**

Payment Accepted via:

CASH

CHECK

VISA/MC/AMEX

Zelle

## MEMBERSHIP BENEFITS

*Friends of the Rose Float* Badge (First-Time Members)

Inclusion in Rose Float Club e-mail Correspondence

Periodic updates on the Kiwanis Rose Float Project

Invitation to a special "Friends of the Rose Float" Zoom Meeting

Invitation to in-person special events

**Application can be submitted in-person at select Kiwanis events, via e-mail, or via USPS:**

### SEND CHECK VIA U.S. MAIL:

Kiwanis Rose Float Club

P.O. BOX 50484

Pasadena, CA 91115-0484

**E-MAIL APPLICATION TO:** pag.dsw@att.net

### ZELLE DIGITAL PAYMENTS:

kiwanisrosefloatclubpayments@gmail.com

A DIGITAL VERSION OF THIS FORM IS AVAILABLE AT: **www.KiwanisRoseFloatClub.com**