

Membership Form

Year 2020



Name(s) _____

Address: _____

Email: _____ Phone Number: _____

I would like to join at the level indicated:

- Individual (\$10.00)
- Family (\$15.00)
- Institutional (\$20.00)

I am interested in the following area (Check all that apply):

- Calendar Planning Committee
- Board Member
- Volunteering at Events
- Library Programs
- Event Planning
- Archive Management

I would like to make an additional donation in the amount of \$_____

Return this completed form with your membership dues made out to **FRTLHS** to:

64255 Wolcott, Ray Township, MI 48096

info@rayhistory.org | rayhistory.org | 586.749.7130

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