

# Friends of Rochester Hills Public Library Membership Application

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

Address

Street: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email \_\_\_\_\_

**Membership Type:** (Please circle appropriate amount)

Individual            \$20

Family                35

Student/Senior      10

Donation \_\_\_\_\_

*Please make all checks payable to: **Friends of RHPL***

Date of Check: \_\_\_\_\_

Check No: \_\_\_\_\_

Amount: \_\_\_\_\_

And send to:

Friends of RHPL  
500 Olde Town Road  
Rochester, MI 48307-2043