

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