M	lem	bers	hip	Form
		~		

Year	
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Name(s)						
Address:						
Email:		Phone Number:				
I would like to join at the level indicated	I:					
☐ Individual (\$10.00) ☐ Fa	amily (\$15.00)	■ Institutional	(\$20.00)			
I am interested in the following area (Ch	neck all that apply):					
☐ Calendar Planning Committee☐ Volunteering at Events☐ Event Planning	Library F	□ Board Member□ Library Programs□ Archive Management				
I would like to make an additional dona	tion in the amount o	f\$	<u></u>			
Return this completed fo	rm with your membe	ership dues made out	to FRTLHS to:			
6425	5 Wolcott, Ray Towr	nship, MI 48096				
info@rayhi	istory.org rayhistor	y.org 586.749.7130				
Membership Form Year	LIBE	Ray Township LIBRARY AND HISTORYCAL SOCIETY				
Name(s)						
E 9	hail: Phone Number:					
I would like to join at the level indicated	Į·					
	amily (\$15.00)	■ Institutional	(\$20.00)			
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