



Membership Application

Please check: New Renewal
Year: _____ Single Family

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

**Dues are \$10.00 for a single membership, \$15 for a Family Membership. Make checks payable to HRR
Send this form with your payment to:**

Steve Chont
26680 Bell Rd.
New Boston, MI 48164

HRR Use
Amount paid _____
Date _____
Initials _____