



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 Pat Jackson (HRR on the Memo line)

Send this form with your payment to:

Pat Jackson
12400 Sikorski Rd.
Willis, MI 481911

HRR Use
Amount paid _____
Date _____ Initials _____