



## 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 Chonts  
26680 Bell Rd.  
New Boston, MI 48164

HRR Use  
Amount paid \_\_\_\_\_  
Date \_\_\_\_\_  
Initials \_\_\_\_\_