

**Membership Form:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

email address: \_\_\_\_\_

Check one:

\_\_\_\_\_ Student Membership \$10.00 (annually)

\_\_\_\_\_ Individual Membership \$15.00 (annually)

\_\_\_\_\_ Family Membership \$20.00 (annually)

Please print this form and mail it along with your check

made payable to RTL of Sanilac County to:

RTL of Sanilac County  
c/o Amy Roggenbuck, President  
960 W. Nicol Road  
Sandusky, MI 48471