 **Recycle Livingston**

**Household Membership Application**

**Site Mgr**. Indicate

Check no.\_\_\_\_\_\_

or

Cash

**P.O. Box 1018, Howell Michigan 48844 Phone 517-548-4439**

[**www.recyclelivingston.org**](http://www.recyclelivingston.org)

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| --- |
| Office Use:  Date Entered  **\_\_\_\_/\_\_\_\_\_\_**  Renewal  YesNo  Date  Cards Sent:  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  **MEMBERSHIP CATEGORIES:**  Regular Household: $40 annual fee  Senior Household: $30 annual fee  62 and over  Small Business: $130  Non Profit Organization $75    **Additional donation: $5\_\_\_\_\_ $10\_\_\_\_\_\_ $15\_\_\_\_\_\_ $20\_\_\_\_\_\_ $30\_\_\_\_\_\_\_ $Other\_\_\_\_\_**  **Donation Receipts will be mailed at Year End** |
|  |

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STREET ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_ TOWNSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NUMBER OF FAMILY MEMBERS**

Please make your check payable to ***Recycle Livingston***.

By becoming a member you are entitled to unlimited recycling during our regular hours, subscription to our quarterly newsletter, and membership voting privileges. Newsletters are sent out electronically so please include your email address if you wish to receive them. Hard copies will be available in the office.