 **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**\_\_\_\_/\_\_\_\_\_\_**RenewalYesNoDateCards Sent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**MEMBERSHIP CATEGORIES:** [ ]  Regular Household: $40 annual fee [ ]  Senior Household: $30 annual fee62 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.