

Membership Application

Name _____

Address _____

City, Zip _____

Phone Number _____

Email _____

Make your check payable to **RPHS** and mail to:

P.O. BOX 264, Ridley Park, PA 19078

Circle Level of Membership

Individual or Student - \$10.00

Family - \$15.00

John Morton - \$50.00

Robert Morris Copeland - \$100.00

Frank Furness - \$250.00

Corporate - \$500.00