



**The Friends of Mount Hope Cemetery**

**P. O. Box 18713  
Rochester, New York  
14618-0713**

[www.fomh.org](http://www.fomh.org)

**MEMBERSHIP APPLICATION**

Date: \_\_\_\_\_

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

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

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

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail for Friends of Mt. Hope Cemetery ONLY. We will not share your e-mail address.

**Membership Categories:**

- \_\_\_\_\_ Basic.....\$ 20.
- \_\_\_\_\_ Senior (65 and older).....\$ 10.
- \_\_\_\_\_ Student.....\$ 10. (Student ID No. \_\_\_\_\_)
- \_\_\_\_\_ Contributing.....\$ 35.
- \_\_\_\_\_ Supporting.....\$ 50.
- \_\_\_\_\_ Patron.....\$ 75.
- \_\_\_\_\_ Sponsor.....\$150.
- \_\_\_\_\_ Benefactor (Life).....\$500.
- \_\_\_\_\_ Corporate.....\$200.

I am interested in volunteering for the following:

- \_\_\_\_\_ Adopt-A-Plot
- \_\_\_\_\_ Gatehouse Tour Receptionist
- \_\_\_\_\_ One time individual or group project such as brush removal, tree trimming, tour assistance.
- \_\_\_\_\_ Gardening
- \_\_\_\_\_ Tour Guide

Make checks payable to: The Friends of Mount Hope Cemetery. If mailing, send to the above address.

**THANK YOU FOR YOUR SUPPORT!**