



RHODE ISLAND
SALTWATER
ANGLERS
Association



P.O. Box 1465, Coventry, Rhode Island 02816

401-826-2121

FAX: 401-826-3546

www.RISAA.org

APPLICATION FOR MEMBERSHIP

The Rhode Island Saltwater Anglers Association is a nonprofit Association established to provide a forum for saltwater anglers; to provide education to members concerning fishing techniques and overall enjoyment of fishing; to foster sportsmanship; to support marine conservation and the sound management of fisheries resources; and provide a unified voice to preserve and protect the rights, traditions and the future of recreational fishing.

PRINT

Name: _____ Age: _____ Spouse Name: _____
First Middle Initial Last

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____ Put me on RISAA e-mail list:
 yes no thanks

Occupation: _____ Employed At: _____

Children (under 18 yrs): _____ You can register them as Junior Members (free)
 no thanks yes (complete below)

INFORMATION

Prefer to fish from (✓ check all that apply):

- Rocks & Piers Charter Boats Party Boats Fly Fishing Surfcasting Other _____
 Own Boat: Length: _____ ft Maker/Type: _____ Boat Name: _____ Docked at: _____

How did you hear about RISAA?

- Friend Tackle Shop Facebook News article RISAA Newsletter Fishing Show Web site
 Saw Advertisement at - Internet Magazine Newspaper TV

TYPE OF MEMBERSHIP

✓ CHECK TYPE

Regular Adult: \$50/year (additional members, immediate family, same household: 2nd = \$45, 3rd = \$40)

Multiple Years: \$45 X _____ years = \$_____ Total Enclosed (save \$5 per year)

Age 65+ : \$25/year - requires date of birth: ____/____/____

Life Member: \$500 (one time, single payment)

Junior Member: Free (Up to 17 years. Requires member sponsor)

Junior's Name: (print) _____ Age: _____ Date of Birth: ____/____/____

Parent/Guardian Signature: _____ Date: _____

RISAA Sponsor (if parent not a member): _____ Relationship: _____ Date: _____

Payment must accompany application.

Enclosed is my check for \$ _____ (payable to R.I.S.A.A.)

Charge to my credit card: **1.** Card type (check) MasterCard Visa **2.** Amount Authorized: \$ _____

3. Expiration Date: _____ **4.** CVV # _____  (3-digit number in reverse italics on back of card)

5. Name on card (print): _____ **6.** Card Number: _____

Meetings are held on the last Monday of each month at the West Valley Inn in West Warwick, RI at 7:00 pm. (attendance not required). Membership benefits include monthly seminars • fishing tournaments • monthly newsletter • discounts at tackle shops and marine dealers • social events • college scholarships • video library • adds *your* voice to fisheries management and conservation issues.

Mail to: R.I.S.A.A.
P.O. Box 1465
Coventry, RI 02816