



RHODE ISLAND
SALTWATER
ANGLERS
Association



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

401-826-2121

FAX: 401-826-3546

www.RISAA.org

MEMBERSHIP RENEWAL

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: _____

Occupation: _____ Employed At: _____

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

Child's relationship to member: _____

E-MAIL GROUP

RISAA maintains a *private* **E-MAIL NOTIFICATION GROUP** which is used to inform members of upcoming meetings, events, fisheries notices and other items of interest to all members. There is no back & forth conversations allowed and members may not post to this group. Notices are only posted by RISAA Officers and Committee Chairs so that the volume is kept very low. Would you like to be added to this Group?

Already in the group Add me to the group No thanks

✓ CHECK TYPE

TYPE OF MEMBERSHIP

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

Multiple Years (save \$5/year): ___ \$90 (2 yrs), ___ \$135 (3 yrs), ___ \$180 (4 yrs)

Senior (Age 65+): \$25/year - requires date of birth: _____

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

Student (college/trade school): \$25/year (max 6 yrs) -requires copy of current student ID card

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: (check) AmEx Discover MasterCard Visa Amount Authorized: \$ _____

Exp. date (no/yr): _____ 4. CVV # _____  (3-digit number in reverse italics on back of card)

Name on card (print): _____ Card Number: _____

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