



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: _____

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

Child's relationship to member (if new, complete info below): _____

ABOUT RISAA E-MAIL

RISAA maintains a *private* E-MAIL NOTIFICATION system which is used to inform members of upcoming meetings, events, fisheries notices and other items of interest to all members.

Already in the group Add me to the group No thanks

TYPE OF MEMBERSHIP

✓ CHECK TYPE

Regular Adult: \$50/year

Multiple Years (*save \$5/year*): ___ \$90 (2 yrs), ___ \$135 (3 yrs), ___ \$180 (4 yrs), ___ \$225 (5 yrs)

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

Senior prefers ___ \$50/2yrs, ___ \$75/3 yrs, ___ \$100/4 yrs

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

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: ___/___/___

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

ENCLOSED IS MY MEMBERSHIP RENEWAL PAYMENT:

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): ___/___ CVV # _____  (3-digit number in reverse italics on back)

Name on card (print): _____

Card Number: _____

Enclosed is an additional \$ _____ tax-deductible donation to the R.I. Saltwater Anglers Foundation.

(Please provide separate check payable to "RISA Foundation". A special receipt will be sent to you)

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