



**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**

**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**