

## Membership Form

	·
(please print)	
Name(s)	
Address	
City,State,Zip	
Phone(s)	
Email(s)	

One membership includes all members of the household at the same address if desired.
Mail with a check payable to RIBA, PO Box 64, Greenville, RI 02828
Thank you!

Cut here and use the rest for note paper