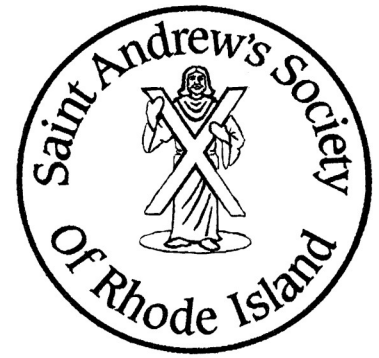


**St. Andrew's Society of Rhode Island, Inc.**

**Membership Application Form**

Visit us on the web at [www.sasri.co](http://www.sasri.co)

**(Please print or type)**



Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant 1 Best phone number: \_\_\_\_\_

Birthday (month and day) \_\_\_\_\_

Email Address \_\_\_\_\_

Applicant 2 Best phone number: \_\_\_\_\_

Birthday (month and day) \_\_\_\_\_

Email Address \_\_\_\_\_

Childrens' Names & Ages (if applicable)

\_\_\_\_\_  
\_\_\_\_\_

Statement: I sincerely support the objectives of the **St. Andrew's Society of Rhode Island, Inc.** and wish to apply for the membership class listed below. A check is enclosed for the application fee made payable to SASRI, Inc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature(s)**

**Date(s)**

\_\_\_ Family Membership \$45

\_\_\_ Individual Membership \$30

**Return Check & Application to:**

**St. Andrew's Society of RI, Inc.—Attn: Membership Chair**

**PO Box 20568**

**Cranston, RI 02920**