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**Membership Application**

**Membership Level**

** Individual or Family: $10.00**

** \*Sponsor: $50.00**

** \*Patron: $100.00**

** \*Benefactor: $500.00**

** \*Corporate Sponsor: $ **

\* all Membership Privileges plus special recognition in event programs

|  |  |  |  |
| --- | --- | --- | --- |
| **\* First name** |  | **\* Last name:** |  |
| **Business:** |  |   |   |
| **\* Street Address:** |  |   |   |
| **Street Address:** |  |   |   |
| **\* City:** |  | **\* State:** | **\*Zip:** |
| **\*Phone:** |  | **E-mail:** |  |

*\* required fields*

|  |  |
| --- | --- |
| You may print this form and send with payment to: | **NRICA****P.O. Box 1723****Woonsocket, RI 02895** |

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