



Application for Membership

Please print legibly

Full Name _____ Date of Birth _____

Mail Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Club Sponsor _____

If applicant is under 18 years of age,
Parent consent signature required _____

Vehicle Make _____ Model _____ Color _____

Vehicle Registration Number _____ State _____

I would like to volunteer for Club events

Adult Membership Fee: \$35 per year
Children under 16 years old: No fee

Do not send payment; you will be notified when accepted for membership.
Upon acceptance, make check payable to:

Narragansett Surfcasters
PO Box 3135
Narragansett, RI 02882

Meetings are held the 3rd Tuesday of each month at 7 PM.
Narragansett Community Center
53 Mumford Rd.
Narragansett, RI 02882