



Application for Membership

Full Name _____ Date of Birth _____

Home Mailing Address

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Club Sponsor _____

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

Please check a committee you would like to join

- | | | |
|--|---|---|
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Banquet & Meetings | <input type="checkbox"/> Surf Day |
| <input type="checkbox"/> Veterans Fishing Day | <input type="checkbox"/> Take a Kid Fishing Day | <input type="checkbox"/> Earth Day Clean-up |
| <input type="checkbox"/> Raffle & Ticket Sales | <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Charitable Events |

Annual Membership Fee is \$35; Children under 16 years old, No fee

Do not send payment with application -- prospective members must be present at a meeting to be voted in. Payment must be made at the time of induction.

Mail to: Narragansett Surfcasters
P.O 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