



Club Use Only:

Approved _____
Paid _____
Journal _____ Roster _____
I.D. card _____ Patch _____
Bylaws _____

Narragansett Surfcasters

PO Box 3135
Narragansett, RI 02882

Application for Membership

Please Print Legibly:

Name _____ Age _____

Mail Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Sponsor 1 _____ Sponsor 2 _____

Do you prefer to receive Newsletter via Email? _____

What special talents do you have that would be a benefit to the club?

Check membership type:

Regular Adult: _____ \$35/yr

Junior: _____ \$17.50/yr (15-18)

Family: _____ \$52.50/yr Other Family Members _____

Youth: _____ (Under 15 Free)

Name & Age of Youth Member(s): _____

Parent/Guardian Signature of Youth Member _____

*****Do not send payment*****

Notification will be given when accepted (Make checks payable to
Narragansett Surfcasters at time of payment)

Applicant's Signature: _____ **Date** _____

Meetings 3rd Tuesday of month, 7 pm
At Narragansett Senior Center