



Membership Application

YES! I want to join the Rhode Island Alliance for Retired Americans and help protect Social Security and Medicare for generations to come.

Enclosed is \$10 for a one-year individual/couple membership.

Please print

Name: _____

Date of Birth: (optional) _____ / _____ / _____

Spouse's Name: _____

Date of Birth: (optional) _____ / _____ / _____

Address: _____

City: _____ State _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

E-mail Address: _____

I am a Union retiree:

Union Name: _____

Chapter Name: (if applicable) _____

Community Based Organization Name: _____

Please make your check or money order payable to:

Rhode Island Alliance for Retired Americans

Mail to:

RI ARA

94 Cleveland Street

North Providence, RI 02904-3525