

Membership Application

Date _____

Name **Last** _____ **First** _____ **Mi.**

Mailing Address **Street** _____
 Town _____ **Zip** _____

Phone _____ **Fax** _____

Email _____

Boat Name _____

License # _____

Trap Id # _____

Hailing Port _____

Signature _____

Dues are payable in October of each year
Commercial License Holder..... \$100.00
Sternman.....\$50.00
Associate Member.....\$150.00

Make Checks Payable To: RILA
Mail To: RILA Po Box 421 Wakefield RI 02880