



Associates of the Rhode Island Troopers Association

A.R.I.T.A. APPLICATION FOR ASSOCIATE MEMBERSHIP

Please complete this application and return to: ARITA ~ 92 Twin Birch Drive - Cranston, RI 02921, along with a check made payable to *A.R.I.T.A.* for \$180.00 and a current BCI report. (Applicant must obtain and attach a current BCI report to this application prior to submission to A.R.I.T.A.).

(Please Print Clearly):

Name: _____ Member Since: _____

Home Address: _____

City/Town: _____ State: _____ Zip Code: _____

Date of Birth: _____ Place of Birth: _____

Home #: _____ Business #: _____

Email: _____@_____

Place of Business: _____ Occupation: _____

Vehicle Reg.# (for window sticker): 1. _____ 2. _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

Have you ever been arrested? NO _____ YES _____ If yes, please explain:

_____ (All applicants are subject to a background criminal investigation check.)

Are you a resident of Rhode Island? YES _____ NO _____

Are you a resident of the United States? YES _____ NO _____

Sponsoring Trooper: _____ (signature)

_____ (Scott Kettelle, President of A.R.I.T.A.)

_____ (Trooper Erik Jensen, President of R.I.T.A.)

_____ (Det. Brent Wilks & Cpl. Kyle Draper, Liaisons of R.I.T.A.)

Any applicant who willfully provides false information on this application will be sufficient cause for denial of membership / or immediate expulsion from the organization without a hearing.

Applicant's Signature

Date of Application