



Associates of the Rhode Island Troopers Association

A.R.I.T.A. MEMBERSHIP RENEWAL FORM

Dear A.R.I.T.A. Member,

Please complete the form below and return to: **ARITA ~ 49 Bakewell Court - Cranston, RI 02921**, along with your dues check made payable to *A.R.I.T.A.* for \$180.00. This form will enable us to keep our membership and mailing list updated for our monthly newsletter. We assure you that we will take all the necessary measures to maintain your privacy.

THANK YOU, IN ADVANCE, FOR YOUR SUPPORT!

Personal Information (Please Print Clearly):

Name: _____ Member Since: _____

Street Address: _____

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

Home #: _____ Cell #: _____

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

Email: _____@_____

Within the past year, have you been arrested? NO _____ YES _____ If yes, please explain:

Business Information (Please Print Clearly):

Name of Business: _____

Type of Business: _____ Business #: _____

(Check one of the following)

Lifetime Member _____ (or) Paying Member _____ Membership Dues: \$180.00

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.

Member's Signature

Date