

RISTE APPLICATION

Organization/Individual Name: _____

Date: _____

Class: (Please check one)

- | | |
|---|---|
| <input type="checkbox"/> Public School District | <input type="checkbox"/> Catholic School Association |
| <input type="checkbox"/> School | <input type="checkbox"/> Independent/Private School Association |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Retiree |
| <input type="checkbox"/> Student | <input type="checkbox"/> Corporate Sponsorship Donation |

Contact Information:

Contact Person's Name: _____

Position/Title: _____

Address: _____

Phone Numbers (land, local, home): _____

E-mail Address: _____

Other Info to Note: _____

Annual September Membership Fee (includes luncheon meeting meal):

- District or School Association* \$125
- School \$75 (Independent or Parochial, or Public if District not joining)
- Individual \$35
- Retiree \$30
- Student \$20
- Corporate Sponsorship Donation \$500

* This fee category is for one -(1) Public School District's, Independent and Catholic Association's representative who sits on the Board of Directors.

Please duplicate this form and send it with a check or Purchase Order made out to **RISTE** to:

RISTE
C/O Norm Chapman, Executive Director
2245 Boston Neck Road
Saunderstown, RI 02874-3832

Please see our Website at <http://www.ri.net/riste>