| RSAI Membership form | | |
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| Applicant Information | | |
| District: | | |
| Primary Contact: |  | Phone: |
| Current address: | | |
| City: | State: | ZIP Code: |
| Board Approval and annual fee | | |
| Board Approval Date: | | |
| District address: | |
| Annual Fee: | Payment Method: |
| City: | State: |
| Signatures | | |
| I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. | | |
| Signature of applicant: | | Date: |