

RIWA
A Community of Women



RIWA, INC. 2017 Membership Registration
Form (One form per person)

Member Name _____ Renewal _____ New _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email _____ Phone # _____

Your Annual Membership Fee includes:

Admission to (6) Dances at Hope Artiste Village (\$72.00 value) & Colt State Park Summer Outing

Annual Membership Fee for calendar year (January – December) \$ 35.00

Donation-optional and greatly appreciated \$ _____

Total \$ _____

Make check or money order payable to RIWA, Inc. PO Box 3586 Cranston, RI 02910

RIWA is a 37 year old non-profit organization with an ongoing commitment to the lesbian community. Your donation will help us to continue this tradition.

You may mail your payment or submit form at a dance. Please do not send cash through the mail.
There is a fee for returned checks.

=====

For Steering Committee Use Only

Date Form Received _____ Membership Year _____ Card Number _____
Check# _____ Money Order _____ Cash _____ Card Sent _____

=====