

RISA MEMBERSHIP FORM

ROOSEVELT ISLAND SENIOR ASSOCIATION

546 Main Street, New York, NY 10044

Email: info@RIRA.org

Telephone:

PERSONAL DATA

First Name: _____ Short Name: _____

Last Name: _____ Birth Date: _____

Roosevelt Island Address: _____ Bldg No. _____ Apt No. _____

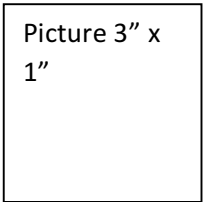
Contact address: Phone _____ Mobile _____

Email _____

Do you have a disability? Yes _____ No _____

ANNUAL MEMBERSHIP FEE: \$15

Category of Membership: New: 2017 _____
Annual Renewal: 2017 _____



INVOLVEMENT:

I have interest in serving as an OFFICER of RISA (Position desired) _____

- Available time to serve: Month/Year _____

I have interest in serving as a VOLUNTEER of RISA: (Position desired) _____

- I can devote FULL TIME (morning, afternoon, evening – choose one or all)
- I can devote limited time (morning, afternoon, evening)

Signature

Date