



United Fly Tyers of Rhode Island



PO BOX 8986
Cranston, RI 02920
www.UFTRI.org

Membership Application / Renewal Form

MEMBER INFORMATION

_____ Date

_____ First Name Last Name

_____ Address

_____ City State ZIP Code

_____ Phone Number (include area code) E-mail

PAYMENT METHOD - Annual Dues are \$30.00

Cash \$ _____

Check # _____ (Please make check payable to UFTRI)

New Member Renewal

☺ Please contact me; I would like to volunteer at meetings or special events.

Comments & Suggestions Please