



Membership Information

Name _____

Address _____

Address 2 _____

City _____ State _____ Zip _____

Daytime phone _____ Evening phone _____

Yes! I'd like to receive email updates about the Society's programs.

Email address _____

This is a gift membership. Please send the renewal notice to: giver *recipient*

Giver's name _____

Address _____

City _____ State _____ Zip _____

Daytime phone _____ Evening phone _____

Membership Levels

Basic \$40 Gaspee \$50-\$99 Amount _____

Student \$30 May 4th \$100-\$249 Amount _____

Senior \$30 Friends of Roger Williams \$250+ Amount _____

Lifetime \$2000

Payment Method

Credit Card (circle one) Master Card Visa American Express

Name on card _____

Signature _____

Card number _____ Expiration date _____

Check \$ _____ Cash \$ _____

Please complete the form and mail to:

The Rhode Island Historical Society
Membership Office
110 Benevolent Street
Providence RI 02906

Questions?
Call the Membership Office at (401) 331-8575 x33
or email mlupham@rihs.org