

SALVATORE MANCINI RESOURCE & ACTIVITY CENTER

Two Atlantic Boulevard
North Providence, RI 02911



MEMBERSHIP FORM 2010

North Providence Resident Fee \$12.00

Non-Resident Fee \$17.00

Last Name _____ First _____ Title: _____

Address _____ Apt# _____

City/Town _____ E-mail _____

State _____ Zip Code _____

Newsletter: Pick Up at SMRAC: _____ Mail: _____
(I want to pick up my newsletter 2 days before the end of the month) (I want my newsletter to be mailed)

Application Type ~ New: _____ Renewal: _____
(Please fill out ALL information) (Please fill out ALL information)

Home Telephone# (____) _____ Cellular #: (____) _____

Sex: Male _____ Female _____ Date of Birth: ____/____/____

Veteran: ____ Yes ____ No

Race: (please circle one) Caucasian Black Asian Hispanic Other: _____

Marital Status: (please circle one) Single Married Divorced Widow

Spouse's Name: _____

Email Address: _____

- **Please be sure to fill out front & back of form completely.**
Thank you. (Over)

Office Used Only:

Receipt: _____ Card: _____

1.

Contact Person: _____ Relationship: _____

Address: _____ E-mail: _____

City/Town: _____ State: _____ Zip: _____

Telephone # () _____ Work # () _____

Cellular Telephone # () _____

2.

Contact Person: _____ Relationship: _____

Address: _____ E-mail: _____

City/Town: _____ State _____ Zip: _____

Telephone # () _____ Work # () _____

Cellular Telephone # () _____

Doctor: _____ Telephone# () _____

Address: _____

Kindly make check payable to: SMRAC
Mail To: SMRAC
Two Atlantic Boulevard
North Providence, RI 02911

MEMBERSHIP VALID: JANUARY 1, 2010 - DECEMBER 31, 2010