

RHODE ISLAND MOBILE SPORTFISHERMEN MEMBERSHIP APPLICATION

APPLICANT PERSONAL INFORMATION

First Name:	Middle Initial:	Last Name:
Date of Birth:	Home Phone:	Cell Phone:
Address:		
City:	State:	ZIP Code:
Email Address:		

APPLICANT EMPLOYMENT INFORMATION

Current Employer:	Years Employed:	
Employer Address:		
City:	State:	ZIP Code:
Position:	Work Phone:	

R.I.M.S. SPONSOR INFORMATION

Sponsor Name:	RIMS#	Member Since:
Relationship to Applicant:	How long have you known Applicant?	
Have you sponsored other members? If yes, please provide their member number(s)		

APPLICANT BACKGROUND INFORMATION

Please list any affiliations you have with other fishing, conservation, or sporting organizations:

What type of fishing vehicle do you own, and is it four wheel drive? Please describe:

What is your favorite type of fishing, how often do you go, and where is your favorite spot?

Has your sponsor described our organization, and what your responsibilities would be as a member? Please explain:

How frequently do you expect to utilize R.I.M.S. facilities and beach property? Please explain:

Do you have experience driving a vehicle on soft sand, and are you familiar with Rhode Island CRMC regulations?

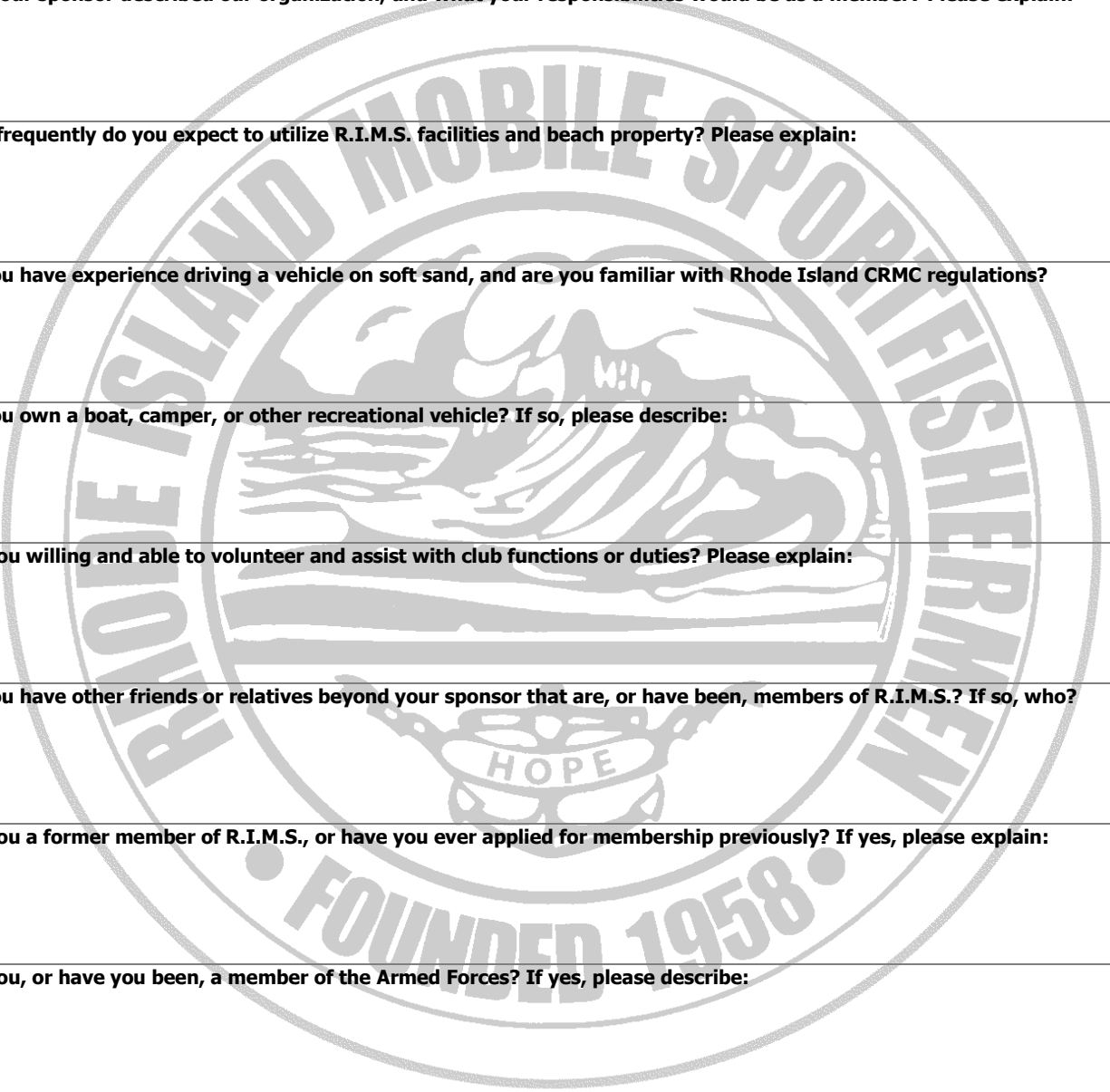
Do you own a boat, camper, or other recreational vehicle? If so, please describe:

Are you willing and able to volunteer and assist with club functions or duties? Please explain:

Do you have other friends or relatives beyond your sponsor that are, or have been, members of R.I.M.S.? If so, who?

Are you a former member of R.I.M.S., or have you ever applied for membership previously? If yes, please explain:

Are you, or have you been, a member of the Armed Forces? If yes, please describe:



Please provide a brief summary of your interest in becoming a member of R.I.M.S., and any additional information you wish to provide that will assist the Board of Directors in evaluating your application.

APPLICANT AND SPONSOR SIGNATURES

I understand that the information provided in this application is for the purpose of evaluation by the R.I.M.S. Board of Directors in considering my application for membership into R.I.M.S. I also understand that this application does not guarantee acceptance into membership. Furthermore, at the discretion of the Board of Directors, I may be called before the Board of Directors, accompanied by my Sponsor, for additional consideration and a potential vote on my application. If accepted, I will be required to pay my first year dues in addition to the current initiation fee, and I accept the conditional member responsibilities defined in the R.I.M.S. bylaws. The information provided is true and accurate to the best of my knowledge, and intentionally providing false information is grounds for dismissal of my application, membership, or both. I have retained a copy of this application for my records.

Signature of applicant:	Date:
Signature of sponsor:	Date:

APPLICATION COMPLETE – DO NOT WRITE BELOW THIS LINE

APPLICATION STATUS – FOR OFFICIAL USE ONLY

Date application and fee received:	Check number:	Accepted
Date initiation and dues paid:	Check number:	Rejected

Notes: