

## 2016-17 RSLI MEMBERSHIP APPLICATION

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

Telephone (include area code): \_\_\_\_\_

email: \_\_\_\_\_

Membership: \$40/yr. *Additional tax-deductible contribution:* \$ \_\_\_\_\_

\$ \_\_\_\_\_ **Total enclosed** (checks payable to RSLI)

**I would like to help RSLI  
with:**

Coffee setup \_\_\_\_\_

Refreshments \_\_\_\_\_

Publicity \_\_\_\_\_

Fundraising \_\_\_\_\_

**I am interested in being on the  
RSLI board of directors \_\_\_\_\_**

**Please fill out and submit at the next meeting or mail to:**

Kara Kvikval, 13 Old Field Road, E. Setauket, NY 11733