

RING RETIREES ASSOCIATION MEMBERSHIP APPLICATION (PLEASE PRINT CLEARLY)

The purpose and objective of the RING Retirees Association is to provide benefit information to military retirees, to maintain the camaraderie of the military, and to offer services to fellow members as the need arises.

☐ **NEW MEMBER** (dues free your first year if you sign up for a total of 3 years for \$10)

☐ **RENEWAL** ☐ \$5 - 1 yr. ☐ \$10—2 yrs. ☐ \$15—3 yrs. ☐ \$20—4 yrs. ☐ \$25—5 yrs.

Name _____ Rank (optional) _____

Address _____ D.O.B. _____

City _____ State _____ Zip + Four _____

E-mail address: _____ Telephone _____

No. of Years in the RI National Guard _____ No. of years in other branch (Army, USAF, etc.) _____

Total Years Service _____ Retirement Date _____

Unit Assigned to at Retirement _____

Second Address for December & March issues ☐ OR June & September issues ☐ (Check One):

Address _____

City _____ State _____ Zip + Four _____

MEMBERSHIP TYPE (Check One)

☐ **Active Member**

Any individual who has served at least six (6) years in the Rhode island national Guard and has completed twenty (20) years or more total military service and retired with an honorable discharge is eligible for membership with voting rights. The privilege of voting is extended to members who are currently paid annual members or honorary life members.

☐ **Associate Member**

Anyone who is former military with an honorable discharge, or a current member of the military, or the spouse of a former or current member is eligible to become an associate member. The privilege of voting is not extended to these individuals. They may participate on committees and activities of the organization, provided their dues are paid through the current membership year (1 October through 30 September).

Exception: Associate military retired members who provided exceptional support to the organization for three or more years may be granted full membership with voting rights by the members during a quarterly meeting.

Please make checks payable to:

RING Retirees Association

Mail to:

RING Retirees Association/Membership

c/o CW5 (Ret.) Carole Angolano

46 Balou St

Cumberland, RI 02864-2031

FOR OFFICE USE ONLY

Amount Received \$ _____ Date ____/____/____

Check Number _____ Check Date ____/____/____

Member ID Number _____

Received By _____

Database Processed _____ Card Sent _____