



Membership Application

Membership Categories: (Please check one)

___ Single \$25 ___ Family \$40 ___ Donation \$ ___

Member Information:

Name: _____

Address: _____

Phone Number: _____ Cell Phone: _____

E-Mail: _____

- Send notices of special events, etc. by email.

Please mark off areas that interest you:

- ___ Newsletter
___ Finance
___ Special Events
___ Membership
___ Sponsorship
___ Great Decisions
___ Other: (Please specify) _____

Please print out this form and return it with a check for your dues made out to CIV. Mail it to **Council for International Visitors, PO Box 3032, Newport, RI 02840**. Membership dues are tax deductible. CIV is a non-profit 501C3 corporation.