



THE TOWERS

Friends of the Historic Narragansett Towers Membership Application

First Name: _____ Last Name: _____

Mailing Address: _____

Email: _____

Phone: _____

Payment Method: Check (payable to Friends of the Historic Narragansett Towers, Inc)

Credit Card:

Name on Card: _____

Card Number: _____

Expiration: ____ / ____ Security Code: _____

I agree to a \$35 charge to my credit card: _____

Signature

Please return this form to:
Friends of the Historic Narragansett Towers
PO Box 3330
Narragansett, RI 02882

Your membership is valid for 12 months after you join.