



Membership Form

Name _____ Phone _____

Address _____

Email (please print clearly) _____

Newsletters, announcements, Evites and other RSA information is sent via email.

Birthday (month/day) _____

Occupation _____ Employer _____

Spouse's Name _____

Department _____ Expected year to finish _____

Children's Names and Birthdates (please include year) _____

Hobbies/Interests _____

The Resident Spouse Association has a variety of ways to get to know other people and to get involved. RSA works because of people like yourself joining and getting involved. If you are interested in helping with any of the following committees please circle them:

Adult Social Family Social Sunshine Playgroups Book Clubs RMH

Please enclose a \$30 check payable to RSA and mail to:

RSA

P.O. Box 15351

Winston-Salem, NC 27113-0351