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_____ New Membership _____ Membership Renewal

_____ I am interested in volunteering with the ACLU of RI.

Enclosed is a CHECK for my membership dues in the amount of:

__\$20 __\$35 __\$50 __\$75 __other \$_____

I prefer to pay by CREDIT CARD, here's my info:

_____	_____	_____	_____
Card Number	Amount \$	Expiration	CVV

NOTE: If you are sending a check, please make it payable to "ACLU of Rhode Island" – or, if you prefer to join online, visit www.riaclu.org/join.

MAIL THIS FORM TO: ACLU of Rhode Island
128 Dorrance Street, Suite 400
Providence, RI 02903

OR FAX IT TO: (401) 831-7175