



INVOICE

P.O. Box 95
Foster, RI 02825-1326
rifla.org

DATE:
INVOICE #
FOR: *Individual Membership
Payment/Renewal*

PAYMENT DUE:

Bill To: (Please complete below.)

Name:

Organization:

Street Address:

City:

State:

Zip:

Phone number:

DESCRIPTION	AMOUNT
Membership for school academic year (Sept-Aug)	\$ 25.00
TOTAL	\$ 25.00

Please make all checks payable to **RIFLA** and mail to **RIFLA, PO Box 95, Foster, RI 02825.**

If you have any questions concerning this invoice, contact Kristin Archambault, Treasurer,
kmbarchambault@gmail.com

THANK YOU FOR SUPPORTING RIFLA!