

**PORTSMOUTH CONCERNED CITIZENS
MEMBERSHIP FORM**

Please print and mail this form along with payment to the address listed below.

NAME _____ DATE _____

ADDRESS _____

CITY/TOWN _____

HOME PHONE _____ OFFICE PHONE _____ E-MAIL _____

ANNUAL DUES: \$20 (Single) \$25 (Family) \$100+ (Founder's Club)

Please mail this form and your contribution to:
Portsmouth Concerned Citizens
499 Wapping Rd.
Portsmouth, RI 02871