

Membership Form



Resident Spouse Association
Wake Forest Baptist Medical Center

New RSA Member

Current Member

Today's Date: _____

Your Name: _____

Birthday: (MM/DD) _____

Male

Female

Home Address: _____

Email Address: _____

Cell Phone: _____

Occupation: _____

Employer: _____

Spouse/Significant Other: _____

Expected Year to Finish: _____

Department: _____

Current Year in Residency/
Fellowship: 1st Year 2nd Year 3rd Year 4th Year 5th Year 6th Year 7th Year Other:

Resident
 Fellow
 Other:

Children: (For playgroup purposes)

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Your Hobbies / Interest:

Book Club

Running / Walking

Others: _____

Committee Chair

Supper Club

Craft Nights

Volunteering

Lunch Bunch

Wine Night

To join RSA, please send the completed form to RSAwakeforest@gmail.com or
Mail your form and check to **RSA P.O. Box 15351 Winston-Salem, NC 27113-0351**

Or, join Online:

Membership Form: <http://www.rsawakeforesthomes.com/membership-form.html>

Membership Dues: http://www.rsawakeforesthomes.com/store/p8/2015-2016_Membership.html

Dues are \$25 if paid before July 31st and \$30 if paid after July 31st.

Questions regarding groups, membership, committees, anything, e-mail RSAwakeforest@gmail.com