



45 Royal Little Drive  
Providence, RI 02904  
tel (401) 331-5720  
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www.riscpa.org

**Rhode Island Society of CPAs  
Dues Schedule (effective May 1, 2011)  
May 1, 2011 - April 30, 2012**

**DUE ANNUALLY:**

Fellow: Public Practice/Industry	\$237
Fellow: Education/Government/Retired	\$134
Fellow: Unemployed	\$129
Fellow: Out of State	\$144
Associate	\$134

**FREE MEMBERSHIP:**

Life Member (member 30+ yrs)	\$0
Student	\$0

**The 2011-2012 DUES SCHEDULE, effective May 1, 2011**

- **Fellow Members in Public Practice, Industry - \$237**
- **Fellow Members in Education, Government, Retired-\$ 134;**
- **Unemployed - \$129;**
- **Out of State - \$144**
- **Associate Members - \$134**
- **Student Members - FREE**

Dues to the RI Society of CPAs are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. A portion of dues, however, is not deductible as an ordinary and necessary business expense to the extent that the RI Society of CPAs engages in lobbying. The non-deductible portion of dues is fifteen percent (15%).

RISCPA's Board, staff and I would like to extend our appreciation for your continued support. As a member-centric organization, it's our pleasure serving you, the profession and the community.

Robert A. Mancini, Executive Director



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## Membership Application

Name: (Ms. Mrs. Mr.) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Initial Last

Home Street: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employment Firm/Company: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Student Only:** University/College: \_\_\_\_\_ Degree: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_ Currently: Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_

Preferred Mailing Address: Home \_\_\_ Firm \_\_\_ College \_\_\_ Position at Firm/Company: \_\_\_\_\_

Type of Employment: Public Accounting \_\_\_ Industry \_\_\_ Education \_\_\_ Government \_\_\_ Retired: \_\_\_ Unemployed: \_\_\_

College or University Graduated from: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

State of Original Certificate: \_\_\_\_\_ Certificate Number: \_\_\_\_\_ Date of Certificate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a member of the AICPA? Yes \_\_\_ No \_\_\_ Other Designations Obtained: CVA: \_\_\_ PFS: \_\_\_ # \_\_\_

Please check the type of Membership you are applying for:

\_\_\_ **Fellow Member:** Of good moral character, and in possession of a valid and un-revoked CPA certificate issued by a legally constituted state authority. The holder of a certificate in good standing as a chartered or authorized accountant duly and legally issued by and under the authority of the proper board of body of any foreign government whose standards of qualifications is fully equivalent to that of the state of RI.

\_\_\_ **Associate Member:** (1) Any person who has passed the examination prescribed by the Rhode Island State Board of Accountancy, but who has not completed the experience requirements for issuance of such certificate for a maximum period of two (2) years. (2) Any person who has taken the examination prescribed by the Rhode Island State Board of Accountancy as a prerequisite to becoming a CPA and who continues to take the exam at least annually until they have passed all parts of the examination. (3) Any person (other than a CPA) employed on the professional and/or administrative staffs of practicing CPAs. (4) Any person engaged in the teaching of accounting as a full time faculty member of an accredited college or university.

\_\_\_ **Student Member:** Any undergraduate or graduate college student with an interest in accounting (from a 2 or 4 year college or university) shall be eligible for student membership. Student members shall not be entitled to vote or hold office; however, may serve on selected committees in the Society, as determined by the Board.

I hereby apply for admission as a Fellow/Associate/Student Member of the RISCPA as provided in the Constitution and By-Laws. I hereby understand that if elected, I will be bound by the same, together with any amendments to such By-Laws which may hereafter, from time to time, be enacted. After election to membership I will keep the Society advised of my employment and address at all times and in the event of termination of membership for any cause, will return the Society's membership certificate to the Society. **All applications must be accompanied by payment for proper dollar amount, consult the Dues Schedule. Funds will be returned if applicant is not elected.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Society Use Only</u>			
Code: _____	Date Posted: _____	Amount Received: _____	Method of Payment: _____