



40 Sharpe Drive
 Unit 5
 Cranston, RI 02920
 tel (401) 331-5720
 fax (401) 454-5780

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: _____

Society Use Only

Code: _____ Date Posted: _____ Amount Received: _____ Method of Payment: _____