



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

Professional Affiliate 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: _____

Position at Firm/Company: _____ Length of employment at current firm: _____

Preferred Mailing Address: Home _____ Firm _____

Type of Employment: Public Accounting ___ Industry ___ Education ___ Government ___

If Industry, what type of industry? _____

Are you a member of the AICPA? Yes _____ No _____ Other Designations Obtained: _____

Other Professional Affiliations: _____

Professional Affiliate Member - All non - CPAs who operate within the Financial Services Sector; Controllers, CFO's, Academics, Attorneys, Business Owners, both from for profit and nonprofit sectors.

This application must include Robert A. Mancini's signature (see below) as a sponsored Professional Affiliate Member. Please email a completed application to rmancini@riscpa.org.

I hereby apply for admission as a Professional Affiliate Member (PAM) 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 cease using RISCPA member on all of my professional communications. **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: _____

Sponsored and Authorized by:

Robert A. Mancini, President, RISCPA

Society Use Only

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