



Student Membership Application (Please Print Clearly)

Full Name: _____

Gender: Male _____ Female _____ Birth date: _____

Permanent Address: _____ City/State/Zip _____

Phone: _____ **College/University E-mail:** _____

Current Education Level: Undergraduate _____ Graduate _____

College 1: _____ Graduation year: (actual or anticipated) _____

College 2: _____ Graduation year: (actual or anticipated) _____

Current school address: _____ City/State/Zip _____

Please send my mail to: School _____ Permanent Address _____

Student Member is Available to: 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 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.

Signature: _____ Date: _____

Please submit your completed form to: sbreen@riscpa.org or mail to:



40 Sharpe Drive, Unit 5
Cranston, RI 02920
Tel: 401-331-5720
Fax: 401-454-5780
www.riscpa.org

Society Use Only	
Category: _____	Date Posted: _____

