

40 Sharpe Drive, Unit 5 Cranston, RI 02920 Tel: (401) 331-5720 Fax: (401) 465-4060

Affiliate Membership Application

Name: (Ms. Mı	rs. Mr.) 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	<i>r</i> :		
Email Address:	:			
INVESTMEN	T \$200 - Credit Card#			
Expiration Date	e: Security C	ode Zip Code of Bill	ing Address:	
If Other	er, what type of industry? Designations Obtained:			
	ber - All non - CPAs who opers, both from for profit and r		Sector; Controllers, CFO's, Academics,	Attorneys
understand that from time to tir	t as a member, I will be boun me, be enacted. As a RISCPA the event of termination of r	d by the same, together with any ar A Affiliate Member, I will keep the	d in the Constitution and By-Laws. I hen nendments to such By-Laws which may Society advised of my employment and see using RISCPA member on all of my p	hereafter, address at
Please email a	completed application to in	nfo@riscpa.org.		
Signature:			Date:	