



313 Warwick Ave, Cranston, RI 02905 • rimpa.org

Affiliate Membership Application

Name _____

Address _____

City _____ State _____ Zip _____

Firm Name _____

Phone _____

Fax _____ Cell _____

Email* _____

***Email required for all correspondence**

Signature

Date

Total \$100.00

Mail to: RIMPA, 313 Warwick Ave, Cranston, RI 02905