



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

Application for Membership

Name _____
Address _____
City _____ State _____ Zip _____
Firm Name _____
Social Security # _____ Phone _____
Fax _____ Cell _____
License # _____ Date of Birth _____
Email* _____

***Email required for all correspondence. Social Security # required for life insurance policy.**

Signature _____

Date _____

Total \$225.00

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

Death Benefit – As Defined in RIMPA Bylaws

Beneficiary Designation Information

Primary Beneficiary Name _____ Relationship _____

Address _____

Second Beneficiary Name _____ Relationship _____

Address _____

Applicant's Signature _____ Date _____