



*RI Master Plumbers Association, Inc.*

P O Box 2 Barrington, RI 02806

www.rimpa.org

**MEMBERSHIP APPLICATION/BENEFICIARY FORM**

NAME .....DATE.....

ADDRESS.....

CITY OR TOWN.....ZIP.....

FIRM NAME.....

PHONE NUMBER(S).....FAX.....

CELL NO,.....E-MAIL.....

LICENSE NO. ....DATE OF BIRTH.....

SOCIAL SECURITY #.....

APPLICANT'S SIGNATURE .....

PROPOSED BY .....

**INITIATION FEE PLUS ONE YEAR'S DUES MUST ACCOMPANY THIS APPLIATIONTOTAL  
TOTAL \$225.00**

**MAIL TO: RIMPA Attn: MEMBERSHIP P O Box 2, Barrington RI 02806**

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**DEATH BENEFIT BENEFICIARY DESIGNATION INFORMATION**

Primary Beneficiary \_\_\_\_\_  
Name Relationship

Address \_\_\_\_\_

Second Beneficiary \_\_\_\_\_  
Name Relationship

Address \_\_\_\_\_

Member's Signature \_\_\_\_\_ Date