



**RHODE ISLAND
GOVERNMENT FINANCE OFFICERS ASSOCIATION**
www.rigfoa.org

2010 MEMBERSHIP RENEWAL

Date _____
Full Name of Applicant (Type or Print) _____
Full Name of Spouse (Type or Print) _____
Title of Position _____
Name of Business Organization _____
Business Address _____ Residence Address _____
City _____ City _____
State _____ State _____
Zip Code _____ Zip Code _____
Business Phone Number _____ Residence Phone Number _____
Email Address _____

Type of Membership: (Please circle one)

Active - Includes all people working for a state agency or municipality. -\$50.00

Associate - Includes all people working for private industry. - \$60.00

Signature of Applicant _____

Please return to RIGFOA c/o Carolyn Cleary, City of Newport, 43 Broadway,
Newport, RI 02840

Thank you for your support of the RIGFOA