



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

2016 - 2017 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 check one)

Active - Includes all people working for a state agency or municipality - \$55.00

Associate - Includes all people working for private industry - \$65.00

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