



RHODE ISLAND MASTER PLUMBER & MECHANICAL ASSOCIATION

313 WARWICK AVENUE, CRANSTON RI 02905 • RIMPMA.ORG

Application for Membership

Name _____

Address _____

City _____ State _____ Zip _____

Business Name _____

Social Security # _____ Phone _____

Fax _____ Cell _____ License # _____

Date of Birth _____ Email _____

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

Signature _____ Date _____

Total \$225.00

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

Death Benefit – As Defined in RIMPMA Bylaws

Beneficiary Designation Information

Primary Beneficiary Name _____ Relationship _____

Address _____

Second Beneficiary Name _____ Relationship _____

Address _____

Applicant's Signature _____ Date _____