



MEMBERSHIP APPLICATION

Membership Category (select one):

- Corporate Membership
with optional Scholarship Donation \$300.00 ____
- Corporate Membership \$250.00 ____
- Non-Profit Firm Membership \$150.00 ____
- Individual Membership \$100.00 ____
- Student
no cost ____

Organization / Individual / Student Name and Affiliation:

Corporate Delegates (up to 4) with e-mail addresses:

Address: _____

Phone and Fax: _____

Type of Organization: (Please check all that apply) ____Engineer
____Attorney ____Contractor ____Laboratory ____Industry ____Waste Services
____Scientist ____Energy ____Real Estate ____Planner ____Surveyor ____EH & S
____Remediation ____Other _____

Environmental services offered _____

Send completed application to: Richard A. Carlone, P.E., 188 Valley St., Suite 300, Providence, RI 02909 **and pay by either:** **1)** enclosing a check payable to RISEP; **or** **2)** using a PayPal link at http://www.risep.org/membership_info.html