Additional Member Application

This form is for those agencies that already hold NIGP membership and would like to add additional members to their agency membership.

MEMBERS	FEE
2-10 Members	$140 Per Person
11-20 Members	$120 Per Person
21-50 Members	$100 Per Person
Over 50 Members?	*Contact **customercare@nigp.org** for pricing*

Agency Information: *(Please print)*
Agency Name: _____
Agency Representative Name: _____
Full Address: _____
City: _____ State: _____ Zip:
Phone: (_____)_____ Fax: (_____) _____
Email: _____

Agency Representative Signature: _____ (*Required*)

Additional Member Section

Member #:
☐Mr. ☐Mrs. ☐Ms.
Individual Name: _____

Title: _____
Phone: (_____)_____ Fax: (_____) _____
Email: _____ Date of Birth: (mm/dd/yyyy) ____ / _____ / _____

Gender: ☐Male ☐Female
Ethnicity: ☐Caucasian ☐African American ☐Hispanic/Latino
☐Asian/Pacific Islander ☐Native American ☐Other:
Education: ☐Doctorate ☐Master's ☐Bachelor's ☐Associate
☐Other: _____

Member #:
☐Mr. ☐Mrs. ☐Ms.
Individual Name: _____

Title: _____
Phone: (_____)_____ Fax: (_____) _____ Email:
_____ Date of Birth: (mm/dd/yyyy) ____ / _____ / _____

Gender: ☐Male ☐Female
Ethnicity: ☐Caucasian ☐African American ☐Hispanic/Latino
☐Asian/Pacific Islander ☐Native American ☐Other:
Education: ☐Doctorate ☐Master's ☐Bachelor's ☐Associate
☐Other: _____

Member #:
☐Mr. ☐Mrs. ☐Ms.
Individual Name: _____

Title: _____
Phone: (_____)_____ Fax: (_____) _____ Email:
_____ Date of Birth: (mm/dd/yyyy) ____ / _____ / _____

Gender: ☐Male ☐Female
Ethnicity: ☐Caucasian ☐African American ☐Hispanic/Latino
☐Asian/Pacific Islander ☐Native American ☐Other:
Education: ☐Doctorate ☐Master's ☐Bachelor's ☐Associate
☐Other: _____

Member #:
☐Mr. ☐Mrs. ☐Ms.
Individual Name: _____

Title: _____
Phone: (_____)_____ Fax: (_____) _____
Email: _____ Date of Birth: (mm/dd/yyyy) ____ / _____ / _____

Gender: ☐Male ☐Female
Ethnicity: ☐Caucasian ☐African American ☐Hispanic/Latino
☐Asian/Pacific Islander ☐Native American ☐Other:
Education: ☐Doctorate ☐Master's ☐Bachelor's ☐Associate
☐Other: _____

Payment Information

NOTE: If paying by purchase order a copy of the PO must be submitted with this application. All payments must be made in U.S. Funds. Submit the form via fax, email, or mail.

☐Check Enclosed ☐Purchase Order Enclosed

Credit Card Payment: ☐American Express ☐Master Card ☐Visa

Account Number: _____ CVV Code: _____

Expiration Date: (mm/yyyy) ____ / _____ Total Amount: _____

Card Holder Name:(Print) _____

Card Holder Signature: _____

Payment via check mail to:

NIGP – National Institute of Governmental Purchasing

12007 Sunrise Valley Drive, Suite 110

Reston, VA 20191

Phone : 1 (800) 367-6447