

Agency Membership Application

Agency Information: *(Please print.)*

Agency Name: _____

Address line 1: _____ Address line 2 (optional): _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____ Web Address: _____

Agency Type:

- Airport Authority
- Chapter
- City/Town/Village
- County/Region
- Federal
- Higher Education
- Hospital
- Housing Authority

- International Agency
- Municipality
- Local Authority
- NIGP Vendor
- Non-Profit
- Provincial
- Public Health
- Public Housing Authority

- Public Utility
- School District
- Special Authority
- State
- Transportation
- University
- Utility Authority
- Other: _____

About Your Agency:

Number of Procurement Professionals:

- 1
- 2 – 3
- 4 – 7
- 8 – 10
- 11 – 15
- 16 +

Number of Organizational Employees: _____ Month Fiscal Year Begins: _____

Population Served: _____

Membership Fees: For memberships over 50, contact customercare@nigp.org

Agency/Organization Membership # of People	Fee
1 person	\$195
2-10 people	\$140
11-20	\$120
21-50	\$100

Calculated Dues Fee:

of covered members _____ x dues rate = _____ total payment amount

Payment Information:

NOTE: Annual membership dues are payable in advance and are to be paid in U.S. dollars.

<input type="checkbox"/> Check Enclosed <input type="checkbox"/> Purchase Order Enclosed
<input type="checkbox"/> Credit Card Card Type: <input type="checkbox"/> Amex <input type="checkbox"/> Visa <input type="checkbox"/> Master Card

Account Number: _____ **CVV Code:** _____

Expiration Date (mm/yyyy): _____ / _____

Card Holder Name (print) _____

Card Holder Signature: _____

Membership Listing

(Please print.)

Please provide the following information for ***each person*** who will receive benefits as an NIGP member; the number of individuals listed should reflect the number chosen on the "Membership Types and Fees" chart on page two (2). If more space is needed, print additional pages, or attach a separate typed list.

Personal Information: *Agency Representative

Mr. Mrs. Ms. N/A

First Name: _____ Last Name: _____

Title: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Gender: Male Female Other

Ethnicity: Caucasian African American Hispanic/Latino
 Asian/Pacific Islander Native American Other:

Education: Doctorate Master Bachelor's
 Associate HS/GED Other:

Personal Information: *Supplemental Member

Mr. Mrs. Ms. N/A

First Name: _____ Last Name: _____

Title: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Gender: Male Female Other

Ethnicity: Caucasian African American Hispanic/Latino
 Asian/Pacific Islander Native American Other:

Education: Doctorate Master Bachelor's
 Associate HS/GED Other:

Personal Information: Supplemental Member

Mr. Mrs. Ms. N/A

First Name: _____ Last Name: _____

Title: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Gender: Male Female Other

Ethnicity: Caucasian African American Hispanic/Latino
 Asian/Pacific Islander Native American Other:

Education: Doctorate Master Bachelor's
 Associate HS/GED Other:

Personal Information: Supplemental Member

Mr. Mrs. Ms. N/A

First Name: _____ Last Name: _____

Title: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Gender: Male Female Other

Ethnicity: Caucasian African American Hispanic/Latino
 Asian/Pacific Islander Native American Other:

Education: Doctorate Master Bachelor's
 Associate HS/GED Other:

Personal Information: Supplemental Member

Mr. Mrs. Ms. N/A

First Name: _____ Last Name: _____

Title: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Gender: Male Female Other

Ethnicity: Caucasian African American Hispanic/Latino
 Asian/Pacific Islander Native American Other:
