

Individual Member Application

Individual Membership Dues	\$195 (annually)
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Billing/Mailing Address:

Full Address: _____

City: _____ State: _____ Zip: _____

Personal Information:

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: _____

To view all NIGP membership descriptions and eligibility requirements, visit: www.nigp.org/membership/join

Payment Information

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

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: _____

Individual Memberships cover one person who is currently employed by a public agency. Additional members cannot be added, and the covered individual cannot be changed after enrollment. If you have questions about Agency Membership, please visit <https://www.nigp.org/membership/join> or contact Customer Care at customercare@nigp.org.

NOTE: If submitting a printed application, please complete all pages and return the completed form to:

NIGP – National Institute of Governmental Purchasing

12007 Sunrise Valley Drive, Suite 110

Reston, VA 20191

Phone : 1 (800) 367-6447

For up-to-date information on NIGP's Privacy Policy, please visit us online at: <https://www.nigp.org/about-nigp/privacy-policy>