

## **NIGP Change in Membership Form**

First Name:		Last N	Last Name:		
SE	CTION I				
l w	ould like to change the statu	s of my membership	o to:		
	Catego	ry	Dues		
	Individual		\$95		
	Former Procurement Profe	ssional	\$195		
	Private Procurement Profes	ssional	\$195		
	Contracted Procurement Pr	ofessional	\$195		
	Other Publicly Funded Procurement Professional		al \$195	\$195	
	Retired		\$35		
SECTION II  Please update my information in the following areas:					
rease apacte my mjormation in the jonowing areas.					
Str	eet Address:				
Cit	y:	State: _	Zip:		
Home Phone: E-mail:					
SEC	CTION III				
Demographic Information  Education: □ Doctorate □ Master's □ Bachelor's □ Associate □ Other  Certification held: □ CPPO □ CPPB □ Other					
Gei	Gender: □ Male □ Female □				
Yea	ar of Birthars in Profession:   Graph 1-3 4-0  Anicity:   Caucasian			☐ Asian/Pacific Islande	
	☐ Native Ame	erican 🗆 Other			
SE	CTION IV				
Par	yment Information:				
Credit card type: ☐ American Express ☐ MasterCard ☐ Visa or ☐ Check enclosed					
Account Number: Exp. Date: CVV Code:					
Cai	rdholder Signature:				

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