

Lifetime Membership Application

Individual Name: _____

Please update my information in the following areas:

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ E-mail: _____

Demographic Information

Education ☐ Doctorate ☐ Master's ☐ Bachelor's ☐ Associate ☐ Other _____

Certification held ☐ CPPO ☐ CPPB ☐ Other _____

Gender ☐ Male ☐ Female ☐ Date of Birth _____

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

Previous National NIGP Membership History _____

Email Application to customercare@nigp.org OR Fax: 703-635-2326

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