

First Name: _____ Last Name: _____

SECTION I

I would like to change the status of my membership to:

Category	Dues
☐ Individual	\$125
☐ Former Procurement Professional	\$195
☐ Private Procurement Professional	\$195
☐ Contracted Procurement Professional	\$195
☐ Other Publicly Funded Procurement Professional	\$195
☐ Retired	\$35

SECTION II

Please update my information in the following areas:

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail: _____

SECTION III

Demographic Information

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

Certification held: ☐ CPPO ☐ CPPB ☐ Other _____

Gender: ☐ Male ☐ Female ☐

Year of Birth _____

Years in Profession: ☐ 1-3 ☐ 4-6 ☐ 7-10 ☐ 11-15 ☐ 15 or more

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

SECTION IV

Payment Information:

Credit card type: ☐ American Express ☐ MasterCard ☐ Visa or ☐ Check enclosed

Account Number: _____ Exp. Date: _____ CVV Code: _____

Cardholder Signature: _____