

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 | ☐ 8 – 10 |
| ☐ 2 – 3 | ☐ 11 – 15 |
| ☐ 4 – 7 | ☐ 16 + |

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

Population Served: _____

Membership Fees:

Agency/Organization Membership	Number of Members	Fee
Base Agency Fee (covers agency representative)	1	☐ \$195
	2	☐ \$280
	3	☐ \$420
	4	☐ \$560
	5	☐ \$700
	6	☐ \$840
	7	☐ \$980
	8	☐ \$1,120
	9	☐ \$1,260
	10	☐ \$1,400
2 – 10 Additional Per Person Fee = \$140	11	☐ \$1,520
	12	☐ \$1,640
	13	☐ \$1,760
	14	☐ \$1,880
	15	☐ \$2,000
	16	☐ \$2,120
	17	☐ \$2,240
	18	☐ \$2,360
	19	☐ \$2,480
	20	☐ \$2,600
11 – 20 Per Person Fee: \$120	21	☐ \$2,700
	22	☐ \$2,800
	23	☐ \$2,900
	24	☐ \$3,000
	25	☐ \$3,100
	26	☐ \$3,200
	27	☐ \$3,300
	28	☐ \$3,400
	29	☐ \$3,500
	30	☐ \$3,600
21 – 50 Per Person Fee: \$100	31	☐ \$3,700
	32	☐ \$3,800
	33	☐ \$3,900
	34	☐ \$4,000
	35	☐ \$4,100
	36	☐ \$4,200
	37	☐ \$4,300
	38	☐ \$4,400
	39	☐ \$4,500
	40	☐ \$4,600

Over 50 Members? Contact customer@nigp.org for pricing

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

Card Type: ☐ Amex ☐ Visa ☐ 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: _____

Education:

☐ Doctorate

☐ Associate

☐ Master

☐ HS/GED

☐ Bachelor's

☐ Other:

Personal Information: Supplemental Member

☐ Mr.

☐ Mrs.

☐ Ms.

☐ N/A

First Name: Last Name:

Title:

Phone: () Fax: ()

Email:

Gender:

☐ Male

☐ Female

☐ Other:

Ethnicity:

☐ Caucasian☐ Asian/PacificIslander

☐ African American☐ Native American

☐ Hispanic/Latino☐ Other:

Education:

☐ Doctorate☐ Associate

☐ Master☐ HS/GED

☐ Bachelor's☐ Other:

Personal Information: Supplemental Member

☐ Mr.

☐ Mrs.

☐ Ms.

☐ N/A

First Name: Last Name:

Title:

Phone: () Fax: ()

Email:

Gender:

☐ Male

☐ Female

☐ Other:

Ethnicity:

☐ Caucasian☐ Asian/PacificIslander

☐ African American☐ Native American

☐ Hispanic/Latino☐ Other:

Education:

☐ Doctorate☐ Associate

☐ Master☐ HS/GED

☐ Bachelor's☐ Other:

Personal Information: Supplemental Member

☐ Mr.

☐ Mrs.

☐ Ms.

☐ N/A

First Name: Last Name:

Title:

Phone: () Fax: ()

Email: _____

Gender:	☐ Male	☐ Female	☐ Other _____
Ethnicity:	☐ Caucasian ☐ Asian/Pacific Islander	☐ African American ☐ Native American	☐ Hispanic/Latino ☐ Other: _____
Education:	☐ Doctorate ☐ Associate	☐ Master ☐ HS/GED	☐ Bachelor's ☐ Other: _____

Personal Information: Supplemental Member

☐ Mr. ☐ Mrs. ☐ Ms. ☐ N/A

First Name: _____ Last Name: _____

Title: _____

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

Email: _____

Gender:	☐ Male	☐ Female	☐ Other _____
Ethnicity:	☐ Caucasian ☐ Asian/Pacific Islander	☐ African American ☐ Native American	☐ Hispanic/Latino ☐ Other: _____
Education:	☐ Doctorate ☐ Associate	☐ Master ☐ HS/GED	☐ Bachelor's ☐ Other: _____

For additional members, print additional copies of this page, or attach complete typed document to your application. Please note that annual dues must be made in **ONE (1) full payment**. Multiple forms of payment **WILL NOT** be accepted.

*The Agency Representative is our main point of contact as they have access to the agency's online member roster and will be permitted to make edits during the agency's renewal period. For edits outside of the renewal period, please contact us at customercare@nigp.org. Supplemental members are subject to removal at any time by request of the agency representative.

*Supplemental Members can be added at any time by sending in an additional member application with a signature from the agency's representative and a form of payment.

Both Agency Representatives & Supplemental Members receive the same Membership Benefits

NOTE: Please complete all pages of this membership application and return to:

NIGP – National Institute of Governmental Purchasing

12007 Sunrise Valley Drive, Ste 110

Reston, VA 20191

Email: customercare@nigp.org

Fax: (703) 635-2326

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