



NIGP Change in Membership Form

Member Name: _____

SECTION I

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

Category	Dues
<input type="checkbox"/> Individual	\$190
<input type="checkbox"/> Former Procurement Professional	\$190
<input type="checkbox"/> Private Procurement Professional	\$190
<input type="checkbox"/> Contracted Procurement Professional	\$190
<input type="checkbox"/> Other Publicly Funded Procurement Professional	\$190
<input type="checkbox"/> 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: _____

NIGP – Accounting Department
 2411 Dulles Corner Park, Suite 350
 Herndon, VA 20171
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 Email: membercare@nigp.org