



# **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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail Application to NIGP OR Fax: 703-635-2326  
Attn: Member Relations  
2411 Dulles Corner Park, Suite 350  
Herndon, VA 20171