NIGP Change in Membership Form

Member Name: __________________________

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Individual</td>
<td>$190</td>
</tr>
<tr>
<td>□ Former Procurement Professional</td>
<td>$190</td>
</tr>
<tr>
<td>□ Private Procurement Professional</td>
<td>$190</td>
</tr>
<tr>
<td>□ Contracted Procurement Professional</td>
<td>$190</td>
</tr>
<tr>
<td>□ Other Publicly Funded Procurement Professional</td>
<td>$190</td>
</tr>
<tr>
<td>□ Retired</td>
<td>$35</td>
</tr>
</tbody>
</table>

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
Fax: (703)635-2326
Email: membercare@nigp.org