Additional Member Application

This form is for those agencies that already hold NIGP membership and would like to add additional members to their agency membership.

<table>
<thead>
<tr>
<th>MEMBERS</th>
<th>FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-10 Members</td>
<td>$90 Per-Person</td>
</tr>
<tr>
<td>11-20 Members</td>
<td>$85 Per-Person</td>
</tr>
<tr>
<td>21-40 Members</td>
<td>$80 Per-Person</td>
</tr>
</tbody>
</table>

Agency Information: (Please print.)
Agency Name:______________________________________________________________
Agency Representative Name:________________________________________________
Full Address:________________________________________________________________
City: ____________________________________________ State: ______ Zip: ______
Phone: ( _____ ) ________________________________ Fax: ( _____ ) ______________________
Email: _________________________________________
Agency Representative Signature:_________________________________ (Required)

Additional Member Section

Member #_____ □Mr.  
□Mrs. □Ms.  
Individual Name:________________________________________________________________
Title:___________________________________________________________________________
Phone: ( _____ ) ________________________________ Fax: ( _____ ) ______________________
Email:____________________________________________________________________________
Date of Birth: (mm/dd/yyyy) ____ / _____ / ______
Gender: □Male  □Female
Ethnicity: □Caucasian □African-American □Hispanic/Latino □Asian/Pacific Islander □Native American □Other:
Education: □Doctorate □Master’s □Bachelor’s □Associate □Other: ________________________________________________
Member #_____ □Mr.  
□Mrs. □Ms.  
Individual Name:________________________________________________________________
Payment Information

**NOTE:** If paying by purchase order a copy of the PO must be submitted with this application. All payments must be made in U.S. Funds. Submit the form via fax, email, or mail.

- □ Check Enclosed □ Purchase Order Enclosed
- Credit Card Payment: □ American Express □ Master Card □ Visa
  
  Account Number: ________________________ CVV Code: ______
  
  Expiration Date: (mm/ yyyy) _____ / _____ Total Amount: ____________
  
  Card Holder Name:(Print)_____________________________________________
  
  Card Holder Signature:______________________________________________

NIGP – Accounting Department
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Herndon, VA 20171
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Email: membercare@nigp.org