



NIGP Membership Application

Agency Information: *(Please print.)*

Agency Name: _____

Full Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____ Web Address: _____

Agency Type:

- | | | |
|--|---|---|
| <input type="checkbox"/> City | <input type="checkbox"/> International Agency | <input type="checkbox"/> Regional Authority |
| <input type="checkbox"/> City Agency | <input type="checkbox"/> Local Authority | <input type="checkbox"/> School |
| <input type="checkbox"/> Company | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> State |
| <input type="checkbox"/> County | <input type="checkbox"/> Provincial | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> County Agency | <input type="checkbox"/> Public Health | <input type="checkbox"/> State DOT |
| <input type="checkbox"/> Federal | <input type="checkbox"/> Public Housing Authority | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Public Utility | <input type="checkbox"/> Other: |

About Your Agency/Authority:

Month Fiscal Year Begins: _____

Number of Procurement Professionals: 1 2-3 4-7 8-10 11-15 16 or more

Population Served: _____ Procurement Volume: _____

Number of Organizational Employees: _____

Representative/Individual Information: *(Please print.)*

The Chief Officer or other designated representative who will serve as the NIGP membership representative. (Only the representative has the authority to make changes to the membership listing; all changes must be submitted in writing.)

Mr. Mrs. Ms.

Primary Representative/Individual Name: _____

Title: _____

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

Email: _____

Department: _____

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: _____

Years in Profession: 1-3 4-6 7-10 11-15 15 or more

Certification(s) Held: CPPO CPPB Other: _____

Annual Salary: 25K or Under 26K - 35K 36K - 45K 46K - 55K
 56K - 65K 66K - 75K 76K and above
Number of Purchasing Staff: 1 2-3 4-7 8-10 11-15 16-38

How did you hear about NIGP?

- | | |
|--|---|
| <input type="checkbox"/> Certification Program | <input type="checkbox"/> Online |
| <input type="checkbox"/> Direct Mail Piece | <input type="checkbox"/> Trial Membership |
| <input type="checkbox"/> Former Member** | <input type="checkbox"/> Board Member |
| Previous Agency Name: _____ | Board Member Name: _____ |
| <input type="checkbox"/> NIGP Commodity/Service Code | <input type="checkbox"/> NIGP Member |
| <input type="checkbox"/> NIGP Forum | Member Name: _____ |
| <input type="checkbox"/> NIGP Seminar | <input type="checkbox"/> NIGP Chapter |
| <input type="checkbox"/> NIGP Webinar | Chapter Name: _____ |

***To insure your member records stay with you, please let us know if you were a past member through a different agency/organization.*

Are you a member of any other procurement-related associations? If so, please list them here: _____

Pledge to the NIGP Board of Directors:

We/I hereby apply for membership to NIGP, The Institute for Public Procurement, and if accepted agree to adhere to the NIGP Code of Ethics, support the aims and objectives of the Institute and pay the prescribed annual membership fee.

Representative/Individual Signature: _____ Date: _____

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

NIGP – Accounting Department
2411 Dulles Corner Park Suite 350
Herndon, VA 20171
Fax: (703) 635-2326
Email: membershipinfo@nigp.org

Continued...

Membership Types and Fees:

Select Type:

Agency/Organization

Individual/Associate

Agency/Organization Membership	Number of Members	Fee
Base Agency Fee (includes first covered member)	1	<input type="checkbox"/> \$190
2 – 10 Additional Per Person Fee = \$90	2	<input type="checkbox"/> \$280
	3	<input type="checkbox"/> \$370
	4	<input type="checkbox"/> \$460
	5	<input type="checkbox"/> \$550
	6	<input type="checkbox"/> \$640
	7	<input type="checkbox"/> \$730
	8	<input type="checkbox"/> \$820
	9	<input type="checkbox"/> \$910
	10	<input type="checkbox"/> \$1,000
11 – 20 Per Person Fee: \$85	11	<input type="checkbox"/> \$1,040
	12	<input type="checkbox"/> \$1,125
	13	<input type="checkbox"/> \$1,210
	14	<input type="checkbox"/> \$1,295
	15	<input type="checkbox"/> \$1,380
	16	<input type="checkbox"/> \$1,465
	17	<input type="checkbox"/> \$1,550
	18	<input type="checkbox"/> \$1,635
	19	<input type="checkbox"/> \$1,720
	20	<input type="checkbox"/> \$1,805
21 – 40 Per Person Fee: \$80	21	<input type="checkbox"/> \$1,790
	22	<input type="checkbox"/> \$1,870
	23	<input type="checkbox"/> \$1,950
	24	<input type="checkbox"/> \$2,030
	25	<input type="checkbox"/> \$2,110
	26	<input type="checkbox"/> \$2,190
	27	<input type="checkbox"/> \$2,270
	28	<input type="checkbox"/> \$2,350
	29	<input type="checkbox"/> \$2,430
	30	<input type="checkbox"/> \$2,510
	31	<input type="checkbox"/> \$2,590
	32	<input type="checkbox"/> \$2,670
	33	<input type="checkbox"/> \$2,750
	34	<input type="checkbox"/> \$2,830
	35	<input type="checkbox"/> \$2,910
	36	<input type="checkbox"/> \$2,990
	37	<input type="checkbox"/> \$3,070
	38	<input type="checkbox"/> \$3,150
	39	<input type="checkbox"/> \$3,230
	40	<input type="checkbox"/> \$3,310
Other Memberships		
<input type="checkbox"/> Individual	1	<input type="checkbox"/> \$190
<input type="checkbox"/> Former Public Procurement Professional	1	<input type="checkbox"/> \$190
<input type="checkbox"/> Retired Procurement Professional	1	<input type="checkbox"/> \$35
<input type="checkbox"/> Faculty or Student	1	<input type="checkbox"/> \$0

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 Payment: American Express Master Card Visa

Account Number: _____ CVV Code: _____

Expiration Date: (mm/ yyyy) ____/ ____

Card Holder Name: (Print) _____

Card Holder Signature: _____

Membership Listing *(Please print.)*

For membership types Agency/Organization and Individual/Associate, 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 three (3). If more space is needed, print additional pages, or attach a separate typed list.

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: _____

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: _____

For additional members, print additional copies of this page, or attach complete typed document to your application.

Membership Listing *(Please print.)*

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: _____

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: _____

Online Membership Directory

When you become a National member of NIGP your gender prefix (Mr., Ms.), name, current certifications (e.g., CPPO, CPPB, CPM) agency, title, mailing address, telephone number, fax number, email address, website address, and if you are the Agency Representative or otherwise, are automatically included in the Online Members-Only Membership directory. With respect to NIGP agency members, the application form generally requires that this information be the individuals' business contact information. However, individual members can submit either agency information or their personal home information. In some cases, such as self-employed individuals, or retirees, the agency and home information may be identical. The online membership directory is available to foster business and personal networking and to provide the ability to be in touch with other NIGP members across the Association.

Consent to Use Contact Information

As a member, I have provided information that would enable others to contact me through my agency or my home if it is listed as my preferred address. I consent to NIGP's use of this information to advance its purposes and activities, to NIGP's disclosure of this information to other members of NIGP in a membership directory.

Recognizing that not all members will want this information available to others, you may choose to opt-out of the directory and/or communications. Please go to your individual profile to edit your primary info or contact membershipinfo@nigp.org.

For additional members, print additional copies of this page, or attach complete typed document to your application.