

Agency Membership Application

Agency Information: *(Please print.)*

Agency Name: _____

Address line 1: _____ Address line 2 (optional): _____

City: _____ State: _____ Zip: _____

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

Email: _____ Web Address: _____

Agency Type:

- | | | |
|--|---|--|
| <input type="checkbox"/> Airport Authority | <input type="checkbox"/> International Agency | <input type="checkbox"/> Public Utility |
| <input type="checkbox"/> Chapter | <input type="checkbox"/> Municipality | <input type="checkbox"/> School District |
| <input type="checkbox"/> City/Town/Village | <input type="checkbox"/> Local Authority | <input type="checkbox"/> Special Authority |
| <input type="checkbox"/> County/Region | <input type="checkbox"/> NIGP Vendor | <input type="checkbox"/> State |
| <input type="checkbox"/> Federal | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Higher Education | <input type="checkbox"/> Provincial | <input type="checkbox"/> University |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Public Health | <input type="checkbox"/> Utility Authority |
| <input type="checkbox"/> Housing Authority | <input type="checkbox"/> Public Housing Authority | <input type="checkbox"/> Other: _____ |

About Your Agency:

Number of Procurement Professionals:

- | | |
|--------------------------------|----------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 8 – 10 |
| <input type="checkbox"/> 2 – 3 | <input type="checkbox"/> 11 – 15 |
| <input type="checkbox"/> 4 – 7 | <input type="checkbox"/> 16 + |

Number of Organizational Employees: _____ Month Fiscal Year Begins: _____

Population Served: _____

Membership Fees:

Agency/Organization Membership	Number of Members	Fee
Base Agency Fee (covers agency representative)	1	\$195
2 – 10 Additional Per Person Fee = \$95	2	\$290
	3	\$385
	4	\$480
	5	\$575
	6	\$670
	7	\$765
	8	\$860
	9	\$955
	10	\$1,050
	11 – 20 Per Person Fee: \$85	11
12		\$1,130
13		\$1,215
14		\$1,300
15		\$1,385
16		\$1,470
17		\$1,555
18		\$1,640
19		\$1,725
20		\$1,810
21 – 40 Per Person Fee: \$80	21	\$1,795
	22	\$1,875
	23	\$1,955
	24	\$2,035
	25	\$2,115
	26	\$2,195
	27	\$2,275
	28	\$2,355
	29	\$2,435
	30	\$2,515
	31	\$2,595
	32	\$2,675
	33	\$2,755
	34	\$2,835
	35	\$2,915
	36	\$2,995
	37	\$3,075
	38	\$3,155
	39	\$3,235
	40	\$3,315

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
Card Type:
 Amex
 Visa
 Master Card

Account Number: _____ **CVV Code:** _____

Expiration Date (mm/yyyy): _____ / _____

Card Holder Name (print) _____

Card Holder Signature: _____

Membership Listing

(Please print.)

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 two (2). If more space is needed, print additional pages, or attach a separate typed list.

Personal Information: *Agency Representative

Mr. Mrs. Ms. N/A

First Name: _____ Last Name: _____

Title: _____

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

Email: _____

Gender: Male Female Other

Ethnicity: Caucasian African American Hispanic/Latino
 Asian/Pacific Islander Native American Other:

Education: Doctorate Master Bachelor's
 Associate HS/GED Other:

Personal Information: *Supplemental Member

Mr. Mrs. Ms. N/A

First Name: _____ Last Name: _____

Title: _____

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

Email: _____

Gender: Male Female Other

Ethnicity: Caucasian African American Hispanic/Latino
 Asian/Pacific Islander Native American Other:

Education: Doctorate Master Bachelor's
 Associate HS/GED Other:

Personal Information: Supplemental Member

Mr. Mrs. Ms. N/A

First Name: _____ Last Name: _____

Title: _____

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

Email: _____

Gender: Male Female Other _____

Ethnicity: Caucasian African American Hispanic/Latino
 Asian/Pacific Islander Native American Other: _____

Education: Doctorate Master Bachelor's
 Associate HS/GED Other: _____

Personal Information: Supplemental Member

Mr. Mrs. Ms. N/A

First Name: _____ Last Name: _____

Title: _____

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

Email: _____

Gender: Male Female Other _____

Ethnicity: Caucasian African American Hispanic/Latino
 Asian/Pacific Islander Native American Other: _____

Education: Doctorate Master Bachelor's
 Associate HS/GED Other: _____

Personal Information: Supplemental Member

Mr. Mrs. Ms. N/A

First Name: _____ Last Name: _____

Title: _____

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

Email: _____

Gender: Male Female Other _____

Ethnicity: Caucasian African American Hispanic/Latino
 Asian/Pacific Islander Native American Other: _____

Email: _____

Gender: Male Female Other _____

Ethnicity: Caucasian African American Hispanic/Latino
 Asian/Pacific Islander Native American Other: _____

Education: Doctorate Master Bachelor's
 Associate HS/GED Other: _____

Personal Information: Supplemental Member

Mr. Mrs. Ms. N/A

First Name: _____ Last Name: _____

Title: _____

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

Email: _____

Gender: Male Female Other _____

Ethnicity: Caucasian African American Hispanic/Latino
 Asian/Pacific Islander Native American Other: _____

Education: Doctorate Master Bachelor's
 Associate HS/GED Other: _____

For additional members, print additional copies of this page, or attach complete typed document to your application. Please note that annual dues must be made in **ONE (1) full payment**. Multiple forms of payment **WILL NOT** be accepted.

*The Agency Representative is our main point of contact as they have access to the agency's online member roster and will be permitted to make edits during the agency's renewal period. For edits outside of the renewal period, please contact us at customercare@nigp.org. Supplemental members are subject to removal at any time by request of the agency representative.

*Supplemental Members can be added at any time by sending in an additional member application with a signature from the agency's representative and a form of payment.

Both Agency Representatives & Supplemental Members receive the same Membership Benefits

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

NIGP – Accounting Department

2411 Dulles Corner Park,
Suite 350

Herndon, VA 20171

Email: customercare@nigp.org

Fax: (703) 635-2326

For up-to-date information on NIGP's Privacy Policy, please visit us online at: <https://www.nigp.org/about-nigp/privacy-policy>