

## 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:

- ☐ Airport Authority
- ☐ Chapter
- ☐ City/Town/Village
- ☐ County/Region
- ☐ Federal
- ☐ Higher Education
- ☐ Hospital
- ☐ Housing Authority

- ☐ International Agency
- ☐ Municipality
- ☐ Local Authority
- ☐ NIGP Vendor
- ☐ Non-Profit
- ☐ Provincial
- ☐ Public Health
- ☐ Public Housing Authority

- ☐ Public Utility
- ☐ School District
- ☐ Special Authority
- ☐ State
- ☐ Transportation
- ☐ University
- ☐ Utility Authority
- ☐ 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	\$1,045
11 – 20 Per Person Fee: \$85	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	\$1,795
21 – 40 Per Person Fee: \$80	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

☐ 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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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### 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:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other _____
Ethnicity:	<input type="checkbox"/> Caucasian <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> African American <input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other: _____
Education:	<input type="checkbox"/> Doctorate <input type="checkbox"/> Associate	<input type="checkbox"/> Master <input type="checkbox"/> HS/GED	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Other: _____

### Personal Information: Supplemental Member

☐ Mr.      ☐ Mrs.      ☐ Ms.      ☐ N/A

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other _____
Ethnicity:	<input type="checkbox"/> Caucasian <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> African American <input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other: _____
Education:	<input type="checkbox"/> Doctorate <input type="checkbox"/> Associate	<input type="checkbox"/> Master <input type="checkbox"/> HS/GED	<input type="checkbox"/> Bachelor's <input type="checkbox"/> 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](mailto: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](mailto: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>