



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.

MEMBERS	FEE
2-10 Members	\$90 Per-Person
11-20 Members	\$85 Per-Person
21-40 Members	\$80 Per-Person

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: _____

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: _____

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: _____

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