



Chapter Membership Application/Dues Invoice

Application Date: _____

Name: _____
Last First MI

Certification: CPPO CPPB C.P.M. A.P.P Other _____

Title: _____

Entity: _____

Address: _____

City: _____, UT Zip Code: _____

Work Telephone: () _____ Home Telephone: () _____

Email: _____ Work Home

Check one: Renewal or New Membership

Check one: Personal (Individual is paying and owns the membership)
 Agency (Agency is paying for the membership, belongs to agency)

Check one: Regular Member: \$60.00
 Honorary/Retired Member Gratis
 Full-time Student Gratis, School Name: _
 Virtual Membership (online) \$30.00

Payment: Check for \$60 mailed to address below, Check # _____
 Check for \$60 hand delivered to _____ Check # _____
 Paid \$60 by credit card
 Other: _____

Are you a member of National NIGP? Yes No

Payments (if applicable)	Applications
Send check to: <i>Our EIN # 16-1741475</i> UTAH Chapter NIGP, c/o Treasurer/Membership PO Box 571962 Murray, Utah 84157	Please fill in the application form completely and return it to our PO Box Address.
<p style="text-align: center;">Credit Card Payments</p> After your application is received. You will receive an invoice from our treasurer that will contain a link for credit card payment.	<p style="text-align: center;">Or send by email to:</p> <p style="text-align: center;">elangenfass@sandy.utah.gov (Membership)</p>

Informational (Optional):
 Would you be willing to volunteer for a chapter position: Yes No
 What area(s) would be of most interest to you: _____

Chapter Use Only

Date Processed: _____ Data Entered by: _____