



Membership Application / Dues Invoice

Please type or print

Name: _____
Last First M.I.

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

Title: _____

Entity: _____

Address: _____

City: _____, FL Zip+4: _____

Telephone: () _____ Fax: () _____

E-Mail: _____

Website: _____
Include Entity's Purchasing Home Page, if applicable

Check all that apply: Renewal Personal Check (Individual membership)
 New Member Agency Check (Membership belongs to agency)

Regular Member: \$ 25^{.00}
 Associate Member: \$ 25^{.00}
 Honorary Member: Gratis

Credit Card # _____ Expiration Date: _____
Are you a member of NIGP? Yes No

IMPORTANT: Please fill in the form completely, and return with your check payable to ...

North Florida Procurement Association Chapter of NIGP, Inc., *or NF-PA, Inc.*

Attention:

**North Florida Procurement Association Chapter of NIGP, Inc.
6850 Belfort Oaks Place
Jacksonville, Florida 32216**

For further information, contact the President of the NFPA Board of Directors:

Russell Wetherington

(386) 313-4010/ rwetherington@flaglercounty.org

www.nf-pa.org

NF-PA FEIN: 20-2020652

January 1, 2010 to December 31 2010