Membership Application / Dues Invoice

Please type or print

January 1, 2011 to December 31 2011

Name: _____ _____ _____
Last First M.I.

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

Title: _____

Entity: _____

Address: _____

City: _____, FL Zip+4: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____

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

Are you a member of NIGP? _____Yes _____No

IMPORTANT: Please fill in the form completely, and submit payment via:

Check Payable to: North Florida Procurement Association Chapter of NIGP, Inc.,
6850 Belfort Oaks Place, Jacksonville, FL 32216

Credit Card Payment: Fax or email registration with credit card info to 904-279-0881
Attn: Bonnie Magee – e-mail: bmagee@nefrc.org

Name of Card Holder:_____

Credit Card: Account Number _____ **Exp. Date:** _____/_____

Security Code: _____ **Billing Zip Code:** _____ **Purchase Order Number:** _____

For further information, contact the President of the NFPA Board of Directors:
Sharon Whitener
(386) 329-4281/swhitener@sjrwmd.com
NF-PA FEIN: 20-2020652