



National Institute of
Governmental Purchasing
Canada West Chapter

APPLICATION FOR MEMBERSHIP

(PLEASE PRINT)

DATE: _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

BUSINESS ADDRESS _____

CITY: _____

PROV: _____

POSTAL CODE _____

HOME ADDRESS: _____

CITY: _____

PROV: _____

POSTAL CODE _____

PREFERRED MAILING ADDRESS: BUSINESS HOME

BUSINESS TELEPHONE No.: _____

FAX No.: _____

EMAIL ADDRESS: _____@_____

WHAT IS YOUR ORGANIZATION'S PRIMARY BUSINESS? _____

PLEASE LIST OTHER PROFESSIONAL ASSOCIATIONS OR SOCIETIES TO WHICH YOU BELONG: _____

HOW DID YOU LEARN OF NIGP? MEMBERSHIP COMMITTEE, NIGP CHAPTER MEMBER, OTHER (please specify): _____

(PLEASE ATTACH YOUR BUSINESS CARD IF AVAILABLE)

TO THE CANADA WEST NIGP CHAPTER:

I hereby apply for membership in the Canada West Chapter of The National Institute of Governmental Purchasing, Inc., and agree to adhere to the NIGP Code of Ethics, support the Aims and Objectives of the Institute and to pay the prescribed annual membership fees.

CANADA WEST CHAPTER MEMBERSHIP ANNUAL FEE **\$35.00**

*** IF YOU ALLOW YOUR MEMBERSHIP TO LAPSE YOU WILL BE REQUIRED TO COMPLETE THIS FORM AGAIN AND SEND IN PAYMENT. ***

Membership dues are for January to December every calendar year, regardless of when the membership is purchased. This fee will not be prorated.

Your signature herein and approval of your membership application grants the Canada West Chapter Executive authorization to place you and your agency's name, work location, and contact information on a membership roster, which will be a record of the Chapter and NIGP National. This information is required by both organizations to ensure any applicable discounts are given as well as for the purpose of Chapter and National procurement surveys.

DATE OF APPLICATION: _____ AGENCY: _____

SIGNATURE: _____

Please attach a cheque for the appropriate annual dues amount and mail it with the completed application to:

NIGP, Canada West Chapter
PO Box 34005, 126 Kingsway Garden Mall Postal Outlet, Shoppers Drug Mart, Edmonton, Alberta, T5G 3B0
ATTENTION: Membership Chairperson

FOR NIGP CANADA WEST CHAPTER USE ONLY

DATE RECEIVED: _____

MEMBERSHIP CATEGORY APPROVED: _____

MEMBERSHIP COMMITTEE CHAIRPERSON: _____