



National Institute of
Governmental Purchasing
Canada West Chapter

CHAPTER MEMBERSHIP APPLICATION

DATE:

NAME:

TITLE:

DESIGNATIONS:

ORGANIZATION:

BUSINESS ADDRESS:

CITY:

PROV: AB

POSTAL CODE:

BUSINESS TELEPHONE:

PERSONAL ADDRESS:

CITY:

PROV: AB

POSTAL CODE:

PREFERRED MAILING ADDRESS: BUSINESS

PERSONAL

BUSINESS EMAIL:

OR PERSONAL EMAIL (IF PREFERRED):

LIST OTHER PROFESSIONAL ASSOCIATIONS/SOCIETIES TO WHICH YOU BELONG:

HOW DID YOU LEARN OF NIGP-CWC?

MEMBERSHIP COMMITTEE

NIGP-CWC MEMBER

OTHER (SPECIFY):

DO YOU HOLD A CURRENT MEMBERSHIP WITH NIGP NATIONAL:

YES

NO

I hereby apply for membership in NIGP-CWC and agree to adhere to the NIGP Code of Ethics, support the aims and objectives of the institute and pay annual membership fees. **Annual membership fees are \$45 from January 1 to December 31, regardless of when during the year the membership was purchased. The fee will not be pro-rated.**

Your signature herein and approval of your membership application grants NIGP-CWC authorization to place you and your agency's name, work location and contact information on a membership roster, which will be a record of NIGP-CWC 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. By applying for this membership you also agree to receive notices via email pertaining to NIGP-CWC business such as job postings, dinner meeting invitations, educational opportunities and other related messages.

SIGNATURE:

DATE:

To submit your completed form either click the submit button below or alternatively, the completed form can be emailed to NIGPCWC@gmail.com with MEMBERSHIP in the subject line. An invoice via Paypal will be sent via email once your application has been received and processed. Invoice to be sent to: Individual OR Organization

SUBMIT

FOR INTERNAL USE

DATE RECEIVED:

MEMBERSHIP CATEGORY APPROVED:

MEMBERSHIP COMMITTEE CHAIRPERSON SIGNATURE:

INVOICE #: