MEMBERSHIP APPLICATION FOR THE
NORTHERN NJ NIGP – CHAPTER 7

I wish to apply for membership in the Northern New Jersey Chapter of the National Institute of Governmental Purchasing, and if accepted agree to support the objectives of the Chapter and abide by the NIGP Code of Ethics.

NAME

TITLE

ADDRESS

CITY     STATE    ZIP

TELEPHONE  FAX

EMAIL ADDRESS

Please check certifications and registrations you currently hold:

CPPO ___ CPPB ____ CPM ___ CPP ___ QPA ___ RPPO ___ RPPS ____

Are you a member of the National Association?  Yes ____  No ____

Signature ___________________________  Date ____________________

Annual Dues are $80.00

Make check payable to:
Northern NJ Chapter of NIGP

Remit to: Northern NJ Chapter of NIGP
   c/o Jane Foti, QPA, RPPO
   County of Somerset
   20 Grove Street, P.O. Box 3000,
   Somerville, NJ 08876
   e-mail: treasurer@nnjnigp.org