



**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 \$60.00

Make check payable to: **Northern NJ Chapter of NIGP**

Remit to: Northern NJ Chapter of NIGP
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County of Somerset
PO Box 3000
Somerville, NJ 08876
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