

Membership Application

Join online at www.ncmahq.org and pay with your credit card. Or, fill out and return the completed registration form and payment to NCMA, PO Box 758747, Baltimore, MD 21275-8747; fax your completed form to 703/448-0939; or call toll-free 800/344-8096. Make checks payable to NCMA.

Join NCMA Today and Receive

- 12 months of *Contract Management* magazine,
- CMNews and legislative updates,
- Chapter affiliation and local networking opportunities,
- *Journal of Contract Management*,
- *Contract Management Resource Directory*, and
- Discounts on NCMA events, certification, and products.

Please list both home and business addresses and indicate your mailing preference:

☐ Home ☐ Business

Home Address

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

NAME

UNIVERSITY (IF APPLICABLE)

ADDRESS

APT#

CITY/STATE

ZIP

TELEPHONE

E-MAIL

Business Address

ORGANIZATION

TITLE

ADDRESS

MAIL STOP/ROOM NUMBER/ETC.

CITY/STATE

ZIP

TELEPHONE

E-MAIL

Chapter Preference (optional)

Norfolk

Did chapter refer you to NCMA?

☒ Yes ☐ No

Membership Type

☐ New Member/One-Year—\$175

☐ New Member/Two-Year—\$310

☐ New Member/Three-Year—\$430

(Includes \$25 initiation fee.)

☐ Member Pro Vita—\$1250

☐ Renewal Member/One-Year—\$150

☐ Renewal Member/Two-Year—\$285

☐ Renewal Member/Three-Year—\$405

☐ Student Member/One-Year—\$35

This membership is for those individuals who are full-time students in an accredited, degree-granting institution, and do not hold full-time employment in contract management or a related field.

☐ New Professional Member/One-Year—\$110

Includes one-time \$25 initiation fee. This membership is for those individuals who are age 33 or younger on the date of their join or renewal date. New Professionals must list date of birth: _____.

☐ Renewal New Professional Member/One-Year—\$85

New Professionals must list date of birth: _____.

☐ Retired Member/One-Year—\$65

Individuals who are neither employed nor self-employed, and are current members of NCMA.

Payment Method

Check enclosed for \$ _____

Charge my credit card for:

☐ American Express

☐ Discover

☐ Mastercard

☐ VISA

ACCOUNT #

EXP. DATE

SIGNATURE

NAME ON CARD

PROMOTION CODE (optional)

