Business Success Through Contract Management Excellence

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, Lockbox #758747, 7175 Columbia Gateway Drive, Columbia, MD 21046; 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,
- *Journal of Contract Management*,
- Access to NCMA's Career Web site: **www.ContractManagementJobs.com**,
- Certification program discounts,
- Conference discounts, and
- Career development information.

NCMA

National Contract Management Association

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

FAX

E-MAIL

WEB SITE

Chapter/Sponsorship Information

CHAPTER PREFERENCE

SPONSOR NAME

SPONSOR NUMBER

Membership Type

❒ New Member/One-Year—**$130 Total**
Includes $20 initiation fee.

❒ Renewal Member/One-Year—**$110 Total**

❒ Student Member/One-Year—**FREE**
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 related field.

❒ New Associate Member/One-Year—**$65 Total**
Includes one-time $20 initiation fee. This membership is for those individuals who earn no more than annual gross income of $35,000. Also available to unemployed members.

❒ Renewal Associate Member/One-Year—**$45 Total**

❒ Retired Member/One-Year—**$45 Total**
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