



NIGP TAMPA BAY AREA CHAPTER

Membership Application/Dues Invoice
January 1, 2011 through December 31, 2011

Please complete this form and return with your check payable to Tampa Bay Chapter-NIGP (TBA-NIGP) **or** enter your credit card information and signature for processing.

Check One: Renewal - \$25.00 New Member - \$25.00 Retired (Gratis)

Student (Gratis) Name of University/College Attending? _____
Please provide copy of transcript/registration, showing attendance.

Is your Entity a member of NIGP National? Yes No

Are you listed by your Entity as a member of NIGP National? Yes No

Name: _____
Last First NickName M.I.

Certification: CPPO CPPB C.P.M. A.P.P. Other

Title: _____

Entity: _____

Address: _____

City: _____ Zip Code: _____

Telephone: () _____ Fax: _____

Email: _____ Website: _____

MasterCard Visa American Express
Card # _____ Exp. Date: _____ Card Security Code: _____

Name on card: _____

Signature of Cardholder: _____

Credit Card Billing address: _____

City: _____ State: _____ Zip: _____

Mail – Fax or E-mail to: Karon Johnson CPPB
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Ph. (813) 274-8354
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