# NIGP TAMPA BAY AREA CHAPTER

Membership Application/Investment Invoice
January 1, 2012 through December 31, 2012

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: _____

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
City of Tampa
306 E. Jackson St., 2E
Tampa, FL 33602
Ph. (813) 274-8354
Fax: (813) 274-8355
e-mail: karon.johnson@tampagov.net