

National Institute of Governmental Purchasing Columbia Chapter

Serving

The Greater Portland Area and Southwest Washington.

MEMBERSHIP APPLICATION

Type of Membership (Check One)	Regular	Associate
If admitted to membership, I agree to abide by th from the chapter in case my duties of employmen		
An individual application must be filled out by	y each applicant	
SIGNATURE OF APPLICANT:		
NAME (Print or Type):		
POSITION/TITLE:		
PRESENT CERTIFICATION: C.P.M CPPO CPPB OTHER		
PROVIDE A BRIEF DESCRIPTION O	F YOUR PURCHASI	NG FUNCTION
AGENCY:		
DEPARTMENT:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE: ()	——— FAX: ()
INTERNET ADDRESS:		

Fax your application to: **Denise Johnson, CPPB**, NIGP/Columbia Chapter Membership Director, c/o City of Portland, Bureau of Purchases, 1120 SW 5th Ave., Room 750. Portland, OR 97204, Phone: 503-823-2505, Fax: 503-823-6865, Internet Address: denisej@ci.portland.or.us

No Payment Due Now: You will be invoiced after NIGP/Columbia Chapter Board approves your application.Regular Membership Fee \$150.00Associate Membership Fee \$50.00