



**National Institute of Governmental Purchasing
Columbia Chapter**

Serving the Greater Portland Area and Southwest Washington.

LIFETIME – RETIRED MEMBERSHIP APPLICATION

NAME (Print or Type): _____

PREVIOUS AGENCY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

MEMBER OF NIGP NATIONAL: Yes _____ No _____

PROVIDE A BRIEF DESCRIPTION OF YOUR CONTRIBUTIONS TO NIGP DURING YOUR PURCHASING CAREER

Email a copy of your application to: tessa.godat@multco.us. If you have questions please call 503-988-7535.

After receipt of completed application, membership will be voted at the next Board Meeting and results will be emailed to applicant.

Membership Fee: Waived for approved lifetime members.

If approved for lifetime membership, I will continue to abide by the Rules and Regulations and Ethics of NIGP.

SIGNATURE OF APPLICANT: _____