



OTHER MEMBER CATEGORIES

**APPLICATION FOR
MEMBERSHIP & TRAINING**

Send completed application (* = required info) to SGMP by mail (908 King Street-Lower Level, Alexandria, VA, 22314),

MEMBER CATEGORY*

Educator/Student Member Applicant

Retiree Member Transfer (available only to SGMP members in good standing at the time of their retirement)

CONTACT INFORMATION

Full Name* [include industry designation(s)] _____

Email* _____ Position _____

Employer _____

Address* _____

City* _____ State* _____ Zip* _____

Phone _____ Fax _____

Chapter* _____ ~OR~ At Large Chapter

Does SGMP have your permission to email/fax membership information?

EMAIL* Yes No

FAX* Yes No

Signature* _____ Date _____

PAYMENT INFORMATION

Payment Method MasterCard VISA American Express ~OR~ Check Enclosed

Payment Type* Personal Corporate Government Agency

Credit Card # _____ Sec. Code _____ Exp. Date _____

Cardholder's Name _____ Signature _____

Payment Amount* \$25 Educator/Student Member Dues ~OR~ \$25 Retiree Member Renewal Dues

I certify that the information provided herein is complete and accurate. I pledge to abide by and support the SGMP code of ethics, bylaws, and policies, as they are now and as they may be amended. I understand that my application is subject to SGMP approval, that my membership is subject to adherence to the code of ethics, and that I will be formally notified by SGMP of either action(s).

Signature* _____ Date _____