Membership Application

Join online at **www.ncmahq.org** and pay with your credit card. Or, fill out and return the completed registration form and payment to NCMA, PO Box 758747, Baltimore, MD 21275-8747; fax your completed form to 703/448-0939; or call toll-free 800/344-8096. Make checks payable to NCMA.



Join NCMA Today and Receive

- 12 months of Contract Management magazine,
- CMNews and legislative updates,
- Chapter affiliation and local networking opportunities,
- Journal of Contract Management,
- Contract Management Resource Directory, and
- Discounts on NCMA events, certification, and products.

Please list both home and business addresses and indicate your mailing preference:		Chapter Preference (optional)
☐ Home	☐ Business	
Home Addre	ess ·	Membership Type
□ Mr. □ Mrs. □ Ms. □ Other		□ New Member/One-Year—\$175
3 W	10. B Mo. B othor	■ New Member/Two-Year — \$310
NAME		─ ☐ New Member/Three-Year — \$430
		(Includes \$25 initiation fee.)
UNIVERSITY (IF APPLICABLE)		Member Pro Vita—\$1250
		☐ Renewal Member/One-Year—\$150
ADDRESS		☐ Renewal Member/Two-Year—\$285
APT#		— ☐ Renewal Member/Three-Year—\$405
74 111		☐ Student Member/One-Year—\$35
CITY/STATE ZIP		This membership is for those individuals who are full-time students in an accredited, degree-granting institution, and do not hold
TELEPHONE		full-time employment in contract management or a related field.
E-MAIL		 New Professional Member/One-Year — \$110 Includes one-time \$25 initiation fee. This membership is for those individuals who are age 33 or younger on the date of their join
		or renewal date. New Professionals must list date of birth:
Business Address		☐ Renewal New Professional Member/One-Year—\$85 New Professionals must list date of birth:
ORGANIZATION		☐ Retired Member/One-Year — \$65 Individuals who are neither employed nor self-employed, and are current members of NCMA.
TITLE		
ADDRESS		Payment Method
		Check enclosed for \$
MAIL STOP/ROOM NUMBER/ETC.		Charge my credit card for:
		☐ American Express ☐ Discover
CITY/STATE	ZIP	☐ Mastercard ☐ VISA
TELEPHONE		ACCOUNT # EXP. DATE
FAX		SIGNATURE
E-MAIL		NAME ON CARD
WER SITE		NMI2015
WEB SITE		PROMOTION CODE (optional)





Business Success Through Contract Management Excellence

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