



**SUPPLIER MEMBER  
APPLICATION FOR  
MEMBERSHIP & TRAINING**

Send completed application (\* = required info) to SGMP by mail (908 King Street-Lower Level, Alexandria, VA, 22314),  
A supplier member application MUST be accompanied by a planner member application.

**SUPPLIER APPLICANT CONTACT INFORMATION**

Full Name\* [include industry designation(s)] \_\_\_\_\_

Email\* \_\_\_\_\_ Position \_\_\_\_\_

Employer \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Chapter\* \_\_\_\_\_ ~OR~ \_\_\_\_\_ At Large Chapter

Name of Planner Match\* \_\_\_\_\_ Employer of Planner Match\* \_\_\_\_\_

[If an additional application/payment for your planner match is NOT attached, your application package is incomplete and will be returned to you.  
Please review [www.sgmp.org](http://www.sgmp.org) for planner match requirements in the chapter you wish to join and policies for joining as a supplier]

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

EMAIL\*  Yes  No FAX\*  Yes  No

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

**SUPPLIER APPLICANT 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\*  \$350 Supplier ~OR~  \$250 Associate Supplier

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). I understand that it is my sole responsibility to submit a supplier membership application package which meets the definition and rules as clearly stated in the "How To Join" page of the SGMP website.

Signature\* \_\_\_\_\_ Date \_\_\_\_\_



**PLANNER MEMBER  
APPLICATION FOR  
MEMBERSHIP & TRAINING**

**PLANNER APPLICANT CONTACT INFORMATION**

Full Name\* [include industry designation(s)] \_\_\_\_\_

Email\* \_\_\_\_\_ Position \_\_\_\_\_

Employer \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Phone \_\_\_\_\_

Chapter\* \_\_\_\_\_ ~OR~ \_\_\_\_\_ At Large Chapter

Does SGMP have your permission to email membership information?

EMAIL\*  Yes  No

**Please confirm your federal, state or municipality agency’s rules or policies. Federal government employees are eligible for reimbursement of membership dues if approved by their agency. According to the Office of Personnel Management’s Training Policy Handbook under Title 5 USC §4109(b), the expenses of training can include membership when it is directly related to the training and/or precedent to undergoing the training. OPM also issued a “Fact Sheet on Certification and Certificate Programs” to the Chief Human Capital Officers with additional guidance. Membership is a requirement to attend and participate in multiple trainings (ten annually) offered by SGMP chapters.**

**State or municipality employees are not bound by the OPM’s Training Policy Handbook. Government planners who are not federal employees should consult with their appropriate Ethics Officer and/or General Counsel.**

**PAYMENT INFORMATION – ANNUAL DUES**  Government Planner \$55  Contract Planner \$140

Check Enclosed  Payment Type: Personal  Agency

Credit Card (Visa, MasterCard, AMEX) \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder’s Name \_\_\_\_\_ Signature \_\_\_\_\_

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 \_\_\_\_\_

**\* Required Information**