



**APPLICATION FOR MEMBERSHIP & TRAINING – PLANNER MEMBERSHIP**

Mail completed application to 3337 Duke Street, Alexandria, VA 22314 or email to: membership@sgmp.org.

Boxes in red are required

**APPLICANT INFORMATION**

Prefix:                      First Name:    Last Name:

Designation (CGMP, CMP):    Position/Title:

Agency/Organization (abbreviations OK; no Acronyms):

Street Address:

City:    State:    Zip:

Telephone:    Fax:

Email:

Agency/Organization Website:

Chapter Affiliation:    OR                      “AT LARGE” (no local activities or additional benefits)

Name of Supplier Match (optional):    Supplier Match’s Employer:

Do the attendees at the meetings you plan include people who work for the Federal government, a state, county, or local government entity, or a public college or university?

SGMP provides an online directory of members for the use of its members. You will be included in this directory unless you indicate you desire not to be included by checking this box.

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 has also issued a “Fact Sheet on Certification and Certificate Programs” with additional guidance. SGMP membership is a requirement in order to attend and participate in trainings and conferences offered by the organization and its chapters. Non-Federal government or association planners should consult their agency’s training policies for reimbursement guidelines.

**ANNUAL DUES:**                      **\$ 55 Government Planner**                      **Specify:**                      **Federal**                      **State**                      **Other**  
**\$ 140 Contract Planner**

**METHOD OF PAYMENT:**                      Check                      Check Number:

Credit:                      MasterCard                      Visa                      American Express                      Personal                      Corporate                      Government Agency

Credit Card Number:    Expiration Date:    CCV

Cardholder’s Name:

Billing Address of Card:    City:    State:    Zip:

Cardholder Signature:

I certify that the information provided herein is complete and accurate. I pledge to abide by and support SGMP’s Code of Ethics, bylaws and practices, as they are now and as they may be amended. I understand that my membership is subject to SGMP approval.

Signature:    Date:

*SGMP is a 501(c) (6) organization. Dues payments, contributions, or gifts to SGMP are not tax deductible for federal income tax purposes. However, they may be deductible as ordinary and necessary business expenses. For more information, consult a tax advisor.*