



**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]

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**

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

PLANNER APPLICANT 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 _____

PLANNER 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* \$55 Government Planner ~OR~ \$140 Contract Planner

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 _____