

Membership Application

Thank you for your interest in joining NCMA's community of over 20,000 contract management professionals! Join online at www.ncmahq.org today, or return this completed form by:

✉ **Email:** memberservices@ncmahq.org

✉ **Mail:** NCMA Attn: Member Services
21740 Beaumeade Cir, Ste 125
Ashburn, VA 20147

✉ **Fax:** 703.448.0939

The Benefits of Membership

- 12 month subscription to *Contract Management Magazine*
- Access to Collaborate—NCMA's members-only online community—to share and request best practices, resources and advice
- Access to the NCMA *Contract Management Salary Survey*
- Discounts on NCMA events, certification, and education products
- The *Journal of Contract Management*, *CM News*, and other NCMA publications to stay up-to-date



Please list both home and business addresses and indicate your mailing preference:

Home Business

Home Address

Mr. Mrs. Ms. Other _____

NAME _____

ADDRESS _____

APT# _____

CITY/STATE _____ ZIP _____

TELEPHONE _____

E-MAIL _____

Business Address

ORGANIZATION _____

TITLE _____

ADDRESS _____

MAIL STOP/ROOM NUMBER/ETC. _____

CITY/STATE _____ ZIP _____

TELEPHONE _____

E-MAIL _____

Chapter Preference (optional)

Did chapter refer you to NCMA?

Yes No

Membership Type

- New Member/One-Year—\$175
 - New Member/Two-Year—\$310
 - New Member/Three-Year—\$430
- } Includes \$25 initiation fee
- Member Pro Vita—\$1250
 - Renewal Member/One-Year—\$150
 - Renewal Member/Two-Year—\$285
 - Renewal Member/Three-Year—\$405
 - Student Member/One-Year—\$35
Full time student enrolled in degree-granting institution, not currently employed full-time.
University Name: _____
Anticipated Degree: _____
Anticipated Graduation: _____
 - New Professional Member/One-Year—\$110
Includes one-time \$25 initiation fee. Must be 33 or younger at time of renewal.
Date of birth: _____
 - Renewal New Professional Member/One-Year—\$85
Date of birth: _____
 - Retired Member/One-Year—\$65
Individuals who have reached retirement and are not employed (or self-employed) full-time.

Payment Method

Check enclosed for \$ _____

Charge my credit card for:

- American Express Discover
- Mastercard VISA

ACCOUNT # _____ EXP. DATE _____

SIGNATURE _____

NAME ON CARD _____

Questions? Call 1-800-344-8096. Press 4 to speak to a Member Services Coordinator.