



**SUPPLIER MEMBER  
APPLICATION FOR  
MEMBERSHIP & TRAINING**

Send completed application (\* = required info) to SGMP by mail (908 King Street-Lower Level, Alexandria, VA, 22314), by email (membership@sgmp.org), or by fax (703-549-0708).

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

Payment Type\*  Personal  Corporate  Government Agency

Credit Card # \_\_\_\_\_ Sec. Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Signature \_\_\_\_\_

Payment Amount\*  \$300 Supplier ~OR~  \$225 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).

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



**PLANNER MEMBER  
APPLICATION FOR  
MEMBERSHIP & TRAINING**

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

Employer \_\_\_\_\_

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

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

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

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EMAIL\*  Yes  No

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Payment Type\*  Personal  Corporate  Government Agency

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Cardholder's Name \_\_\_\_\_ Signature \_\_\_\_\_

Payment Amount\*  \$50 Government Planner ~OR~  \$125 Contract Planner

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