

WISCONSIN ASSOCIATION OF PUBLIC PURCHASERS

2010 WAPP INDIVIDUAL* MEMBERSHIP APPLICATION

*(ORGANIZATIONAL MEMBERSHIPS ARE NOT AVAILABLE)

Current and prospective members must complete and return this application with a **\$40.00** annual membership fee. Membership runs from January 1, through December 31.

Retirees: Fill out and return form only. No membership fee required.

In order to have your contact information included in the printed 2010 **WAPP** directory, this completed application and fee must be **received** by **May 1, 2010**.

In order to take advantage of discounted **WAPP** conference registration fees, a completed Membership Application must be **received** at least **15-days prior to the beginning of the conference**.

NAME: _____ TITLE: _____

EMPLOYING GOV'T UNIT: _____

MAILING ADDRESS: _____

STREET ADDRESS (IF DIFFERENT): _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: _____ FAX NO.: _____

E-MAIL ADDRESS: _____

PROFESSIONAL ACCREDITATION: _____

INVOLVED IN GOVERNMENT PURCHASING SINCE WHAT YEAR? _____

ARE YOU OR DO YOU PLAN ON BECOMING A MEMBER OF NIGP? _____ YES _____ NO

IS THIS YOUR FIRST **WAPP** MEMBERSHIP APPLICATION? _____ YES _____ NO

IF YES, REFERRED BY: _____ AGENCY: _____

CHECK THIS BOX IF YOU WANT A MEMBERSHIP CERTIFICATE

INDICATE TOPICS YOU WOULD LIKE ADDRESSED AS AGENDA ITEMS OR TRAINING:

MAKE CHECKS PAYABLE TO **WAPP**.
SEND COMPLETED FORM AND CHECK TO:

NATALIE L. DIXON, WAPP Membership
P.O. BOX 2003
MADISON, WI 53701-2003
PHONE: 608-267-8768
E-mail: ndixon@cityofmadison.com