



SCAGPO

South Carolina
Association of Governmental Purchasing Officials



APPLICATION FOR MEMBERSHIP

_____ New _____ Renewal

Date of Application _____

TYPE OF MEMBERSHIP:

_____ Individual - \$40.00 _____ Agency - \$450.00 _____ Individual Half Year - \$30.00 (after July 1 only)

Associate Memberships:

_____ Student/Faculty _____ Lifetime _____ Honorary _____ Transitional

If applying for Agency Membership, please attach a list (including all contact information) for individuals to be included with this membership. Maximum of 15 persons per agency membership for the \$450.00 fee; additional members may be added for \$20.00 each.

Name of Applicant _____ *Include Certifications*

Title _____

Organization _____

Street Address _____

City, State, Zip _____

Telephone _____ Fax _____ E-mail _____

Lifetime Applicants Only	
Applicant/Department Head Signature _____	Number of Years Procurement Service _____
Payment Type: _____	Number of Years SCAGPO Member _____
Credit Card _____	Retiring Organization _____
Check _____	Date of Retirement _____
	Date of Birth _____

SCAGPO Use Only:

Date Application Received _____ **Date Payment Received** _____