



APPLICATION FOR MEMBERSHIP & TRAINING – SUPPLIER MEMBERSHIP

APPLICANT INFORMATION

Prefix: First Name: Last Name:

Designation (CGMP, CMP): Position/Title:

Employer:

Street Address:

City: State: Zip:

Telephone: Fax:

Email:

Website:

SUPPLIERS: SGMP is currently running a 50/50 pilot program which allows for the suspension of the planner match requirement. This is an optional program for chapters. Chapters that have opted-in to this pilot are identified in the drop down menu below with a 50/50 after their name. If you wish to affiliate with one of these chapters, you are not required to have a planner match. 08/16

Chapter Affiliation: OR “AT LARGE” (no local activities or additional benefits)

Name of Planner Match (REQUIRED for non 50/50 chapters):

Employer of Planner Match:

ANNUAL DUES: \$ 400 Supplier \$ 275 Associate Supplier

SUPPLIERS: Companies or individuals who provide facilities and services to government or contract planners outside of direct assistance in the planning and implementation of meetings. [Supplier members are paid by agencies/planners. Hotels and CVBs are supplier members.]
ASSOCIATE SUPPLIERS: Individuals, organizations or companies being compensated through commission from suppliers. Associate suppliers are paid by suppliers.

METHOD OF PAYMENT: Check Check Number:
Credit: MasterCard Visa American Express Personal Corporate

Credit Card Number: Expiration Date: CCV:

Cardholder’s Name:

Billing Address of Card:

City: State: Zip:

Cardholder Signature:

I certify that the information provided herein is complete and accurate. I pledge to abide by and support SGMP’s Code of Ethics, bylaws and practices, as they are now and as they may be amended. I understand that my membership is subject to SGMP approval.
Signature: Date: