

Agency/Group Membership Intake Form

National Grants Management Association (NGMA) is recognized throughout the grants management industry as THE membership association leader providing tools and resources for grants professionals to support and maintain high levels of grants management competency and to establish standards of excellence for grants managers.

Agency/Group Membership is opened to federal, state and local governments and nonprofit non-governmental organizations engaged in grant management work such as;

- Federal Government Agencies
- State Government Agencies
- Local Government Agencies
- Tribal Government
- Non-Profit Organizations
- Institutions of Higher Education
- Faith-Based Organizations

Membership Benefits:

Discounted rates on:

The National Grants Management Association offers a variety of trainings to contribute to your future success.

- Certified Grants Management Specialist
- (CGMS) Credentialing Exam
- GMBok Guide Orders
- Registration for Annual Grants Training
- Registration for GMBok Training

FREE

- Local Chapters
- NGMA Network Social Community
- Webcast Library
- Webinars
- CGMS Practice Test
- Electronic GMBok Guide
- Grants Guidance, Best Practices, Tools & Techniques
- Grants Related Job Postings
- Membership Directory

Ready to Join?

Three Ways to Pay:

- Option 1:** Email completed form to NGMA
- Option 2:** Mail completed form with Credit Card Payment
- Option 3:** Email or Mail completed form to NGMA for invoice

Mail: National Grants Management Association
21010 Southbank Street, #2055
Sterling, VA 20165-7227

Email: info@ngma.org | **Call us:** (202) 308-9443

Organization Type

- | | |
|--|---|
| <input type="checkbox"/> Academic Institution | <input type="checkbox"/> Tribal Government |
| <input type="checkbox"/> State, Local or Federal Government Agency | <input type="checkbox"/> Faith-Based Organization |
| <input type="checkbox"/> Non-Profit Non-Governmental Agency | <input type="checkbox"/> Other |

Company Information

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Website: _____ Primary Phone: _____

*Primary Contact: _____

Primary Email: _____ Phone: _____

**Correspondence will be sent to the Primary Contact.*

Group/Agency (5 + member) Annual Membership Dues (select one)

- 1 Year: \$149 2 Year: \$249

Provide Group/Agency Participants

Full Name: _____

Email: _____ Phone: _____

Full Name: _____

Email: _____ Phone: _____

Full Name: _____

Email: _____ Phone: _____

Full Name: _____

Email: _____ Phone: _____

Provide Group/Agency Participants

Full Name: _____

Email: _____ Phone: _____

Full Name: _____

Email: _____ Phone: _____

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Full Name: _____

Email: _____ Phone: _____

Full Name: _____

Email: _____ Phone: _____

Full Name: _____

Email: _____ Phone: _____

Full Name: _____

Email: _____ Phone: _____

Payment Information

Check (payable to NGMA) AMEX DISCOVER MC VISA

Credit Card Number: _____

Security Code: _____ Expiration Date: _____

Cardholder's Signature: _____