



NCMA

NATIONAL CONTRACT MANAGEMENT ASSOCIATION

NCMA MEMBERSHIP DUES INVOICE

Thank you for your continued membership!

Expiration Date:

Member ID Number:

Current Rate:

1. Update contact information as necessary.
2. Select membership rate.
3. Complete payment information.
4. Return form with payment.

1. CONTACT INFORMATION

Has your contact information changed? Please use the space below to indicate any new information for your account.

NAME	EMAIL
ADDRESS	
CITY/STATE/ZIP	DAYTIME PHONE NUMBER

2. MEMBERSHIP RATE

Please check **ONE**. You may choose to keep your current membership rate (listed above), or select from the following.

- | | | |
|--|--|--|
| <input type="checkbox"/> \$160 Regular
Renew for One Year | <input type="checkbox"/> \$95 New Professional
Must be 33 or younger at time of renewal.
Date of Birth: _____ | <input type="checkbox"/> \$45 Student
Full-time student enrolled in degree-granting institution, not currently employed full-time. Please provide:
University Name: _____
Anticipated Graduation: _____
Anticipated Degree: _____ |
| <input type="checkbox"/> \$75 Retired
Individuals who have reached retirement and are not employed (or self-employed) full-time. | | |

3. PAYMENT INFORMATION

Please print clearly. Select a payment method: MasterCard Visa American Express Discover Check

NAME ON CARD	CREDIT CARD #
AUTHORIZATION SIGNATURE	EXPIRATION DATE

Please check twice before sealing your envelope!

4. RETURN WITH PAYMENT

Renew online (www.ncmahq.org), call 800.344.8096 to renew by phone, or return this completed form to:

Email:
memberservices@ncmahq.org

Mail:
NCMA Attn: Member Services
21740 Beaumeade Cir, Ste 125
Ashburn, VA 20147
(use the enclosed envelope)

Fax:
703.448.0939