

Membership Application 2009-10

National Association of Purchasing Management - Rochester

ISM District/Affiliate Code 08/530
 www.napmr.org info@napmr.org



FEES/DUES ENCLOSED (CHECK ONE):

- Regular Dues** (Includes membership in both ISM and NAPMR) \$219, includes \$20 ISM Application Fee
- Associate Dues** (Limited to membership in NAPMR only) \$119, includes \$20 NAPMR Application Fee
- Associate Dues with 5 Monthly Programs** \$244 (Includes \$20 ISM fee)- **Good for programs Sept. '09— May '10**
- Regular Dues with 5 Monthly Programs** \$344 (Includes \$20 ISM fee)- **Good for programs Sept. '09— May '10**

Regular Members enjoy all privileges of membership in NAPMR and ISM. Associate Membership is local affiliate membership only [not registered with ISM].

Dues paid to NAPM-Rochester are not deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible as an ordinary business expense.

Method of Payment:

- Check/ Money Order enclosed— Payable to NAPM- Rochester
- Credit Card: Master Card Visa American Express

Card # _____

CVV Code ___ (Last 3 digits of number on back of card)

Name on Card: _____ Exp. Date ___/___

Signature: _____

Billing Address:

Street Address: _____

City: _____ State: _____ Zip: _____

PLEASE PRINT OR TYPE

NAPM ID # (if known): _____

ARE YOU AN A.P.P.? Yes No, C.P.M.? Yes No

NAME: _____

TITLE: _____

COMPANY:

Name _____

Address _____

City/State/Zip _____

Phone: (_____) _____

Fax: (_____) _____

HOME:

Address: _____

City/State/Zip _____

Phone: (_____) _____

MAILING ADDRESS PREFERENCE (we recommend "Home"):

- Business Home

EMAIL ADDRESS _____

DATE OF BIRTH (optional): ___ / ___ / ___
month day year

EDUCATION: Please (x) the highest level completed:

- [ST] Student (Graduation date _____)
- [HS] High School
- [AA] Associate Degree
- [BA] Bachelors Degree
- [MA] Masters Degree
- [] Other

Student membership is valid only as long as eligible, as stated on reverse.

INDUSTRY CODE: _____

Enter the three-digit code (from the list on reverse) that represents the major industry of the company, division, or plant for which you work.

ITEMS YOU BUY: _____

TOTAL YEARS IN PURCHASING: _____

ARE YOU INVOLVED IN SELLING? _____ IF YES, EXPLAIN:

HOW DID YOU FIND OUT ABOUT US? _____

ARE YOU A MEMBER OF OTHER ASSOCIATIONS: _____
 IF YES, LIST: _____

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SIGNATURE: I agree to abide by the ISM Bylaws, Principles and Standards of Purchasing Practice and Statement of Antitrust Policy, as stated on reverse.

 Signature Date

RETURN APPLICATION TO:
 NAPM-Rochester
 PO Box 227, East Rochester, NY 14445-0227
 Phone: (585) 586-4130 • Fax: (585) 385-6053

