



**PLANNER MEMBER  
APPLICATION FOR  
MEMBERSHIP & TRAINING**

**PLANNER APPLICANT CONTACT INFORMATION**

Full Name\* [include industry designation(s)] \_\_\_\_\_

Email\* \_\_\_\_\_ Position \_\_\_\_\_

Employer \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Phone \_\_\_\_\_

Chapter\* \_\_\_\_\_ ~OR~ \_\_\_\_\_ At Large Chapter

Does SGMP have your permission to email membership information?

EMAIL\*  Yes  No

Please confirm your federal, state or municipality agency's rules or policies. Federal government employees are eligible for reimbursement of membership dues if approved by their agency. According to the Office of Personnel Management's Training Policy Handbook under Title 5 USC §4109(b), the expenses of training can include membership when it is directly related to the training and/or precedent to undergoing the training. OPM also issued a "Fact Sheet on Certification and Certificate Programs" to the Chief Human Capital Officers with additional guidance. Membership is a requirement to attend and participate in multiple trainings (ten annually) offered by SGMP chapters.

State or municipality employees are not bound by the OPM's Training Policy Handbook. Government planners who are not federal employees should consult with their appropriate Ethics Officer and/or General Counsel.

To be eligible for the special \$30 dues, the applicant must be a qualifying government planner who has not been a member within the past 12 months. The membership will renew in 12 months after the join month at the normal annual dues rate (currently \$55).

**PAYMENT INFORMATION – ANNIVERSARY RATE**  Government Planner **\$30** (first year only)

Check Enclosed  Payment Type: Personal  Agency

Credit Card (Visa, MasterCard, AMEX) \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Signature \_\_\_\_\_

I certify that the information provided herein is complete and accurate. I pledge to abide by and support the SGMP code of ethics, bylaws, and policies, as they are now and as they may be amended. I understand that my application is subject to SGMP approval, that my membership is subject to adherence to the code of ethics, and that I will be formally notified by SGMP of either action(s).

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

**\* Required Information**

Society of Government Meeting Professionals | 908 King St, Lower Level | Alexandria, VA 22314 | [www.sgmp.org](http://www.sgmp.org)

Valid **ONLY** if received between October 1, 2011 and December 31, 2011.