



ADVANTAGE
Group Membership Enrollment

Primary ADVANTAGE Group Contact

Agency/Department

Contact Name & Title

Business Mailing Address

City, State, Zip

Telephone

Fax

Email

Group Membership Includes: Dues only Dues + Chapter Dues All Dues + CGFM

Payment Method

Check enclosed payable to AGA for \$_____

Please charge \$_____ to Visa MasterCard American Express Discover

Card number

Expiration

Cardholder Name

Signature



**ADVANTAGE Group
Individual Enrollment**

- New Member**
- Current AGA Member #** _____
- Preferred Mailing Address:**
 - office**
 - home**
- Full Government - \$100.00**

Group ID# _____

Please complete all fields

Member Name & Title/Position

Office Address

City, State, Zip

Office Telephone

Fax

Email

Home Mailing Address

City, State, Zip

Home Telephone

Home Email

Chapter: _____

Primary Responsibility Area – please circle one	
Accounting	Grants Mgmt
Auditing	Info Systems
Budgeting	Performance Mgmt
Financial Mgmt	Other _____

Memberships are individual and non-transferable