

AGA Membership Application

I. Membership Data/Dues

Please choose a membership category and fill in the appropriate dues from the list on the back of this application. By joining, you allow AGA to contact you via email regarding member-related activities.

- ☐ **Full Government** — \$100/year — This class of membership is available to individuals currently working in government, academia and not-forprofit organizations.
- ☐ **Private Sector** — \$160/year — This class of membership is available to sole proprietors and those working for private companies, corporations or partnerships.
- ☐ **Early Career** — \$45/year — This class of membership is available to individuals with fewer than three years of professional experience who work in private or public sector.
- ☐ **Student (full-time)** — \$30/year — This class of membership is available to full-time college/university students who are not gainfully employed.

Primary Chapter SILICON VALLEY Dues 45

Additional Chapter Membership(s) Optional _____ Dues _____
(please refer to list on the reverse side)

II. Name & Home Address

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Prof. | ☐ male ☐ female

Preferred Address: ☐ Home ☐ Business

Name FIRST _____ MIDDLE _____ LAST _____

Home Address _____ Apt/Suite# _____

City _____ State/Province _____ ZIP Code _____ Country _____

Home Phone _____ Home Email _____

III. Business Information

Job Title _____ Dept. _____

Organization _____

Business Address _____ Apt/Suite# _____

City _____ State/Province _____ ZIP Code _____ Country _____

Business Phone _____ Business Email _____

Employer:

- ☐ Federal ☐ State ☐ County ☐ City
☐ Nonprofit ☐ Private ☐ Academia ☐ Student

Responsibility area:

- ☐ Academia – Full Time ☐ Academia – Adjunct ☐ Accounting ☐ Administration ☐ Auditing ☐ Budgeting
☐ Consulting ☐ Financial Management ☐ Grants Management ☐ Information Systems ☐ Investigation ☐ Legal
☐ Other ☐ Management/Admin. ☐ Performance Mgmt. ☐ Program Mgmt.

How did you hear about AGA?

- ☐ AGA Chapter ☐ AGA Conference ☐ AGA Email ☐ AGA Publication ☐ CGFM Program
☐ Direct Mail ☐ Employer ☐ Friend/Co-Worker ☐ Internet ☐ Non AGA Conference

Birth year: _____

Highest degree attained: ☐ Associate ☐ Bachelor's ☐ Law/Judicial ☐ Master's ☐ Doctorate

Certifications:

2208 Mount Vernon Avenue
Alexandria, VA 22301

800.AGA.7211
703.684.6931

www.agacgfm.org
agamembers@agacgfm.org



IV. Sponsor's Name

(if applicable) Member ID # 37061

V. Method of Payment

Total Amount Enclosed: _____

☐ Check enclosed
(make check payable to AGA)

Charge to my: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Card Number _____ Expiration Date _____

Signature _____

Printed Name _____