

Membership Application

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.

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

Primary Chapter _____

Dues _____

Additional Chapter Membership(s) Optional _____

Dues _____

(please refer to list on the reverse side)

Personal Information

Mr. Mrs. Ms. Dr. Prof. | Male Female | Birth year _____

Name FIRST _____

MIDDLE _____

LAST _____

Home Address _____

Apt/Suite# _____

City _____

State/Province _____

ZIP Code _____

Country _____

Home Phone _____

Home Email _____

Preferred Address: Home Business

Business Information

Job Title _____ Dept. _____

Organization _____

Business Address _____

Suite# _____

City _____

State/Province _____

ZIP Code _____

Country _____

Business Phone _____

Business Email _____

Employer:

- Federal State County City Tribal
 Nonprofit Private Academia Student

Responsibility area:

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

How did you hear about AGA?

- AGA Chapter AGA Conference AGA Email AGA Publication CGFM Program
 Employer Friend/Co-worker Internet Non-AGA Conference Other _____

Highest degree attained: Associates Bachelor's Law/Judicial Master's Tribal

Certifications: _____

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Alexandria, VA 22301

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703.684.6931

www.agacgfm.org
agamembers@agacgfm.org



Sponsor's Name

(if applicable) _____

Member ID # _____

Method of Payment

Total Amount Enclosed: _____

Check enclosed
(make check payable to AGA)

Charge to my: VISA MasterCard American Express Discover

Card Number _____

Exp Date _____

Signature _____

Print Name _____

