

Agency/Group Membership Intake Form

National Grants Management Association (NGMA) is recognized throughout the grants management industry as THE membership association leader providing tools and resources for grants professionals to support and maintain high levels of grants management competency and to establish standards of excellence for grants managers.

Agency/Group Membership is opened to federal, state and local governments and nonprofit non-governmental organizations engaged in grant management work such as;

- Federal Government Agencies
- State Government Agencies
- Local Government Agencies
- Tribal Government

- Non-Profit Organizations
- Institutions of Higher Education
- Faith-Based Organizations

Membership Benefits:

Discounted rates on:

The National Grants Management Association offers a variety of trainings to contribute to your future success.

- Certified Grants Management Specialist
- (CGMS) Credentialing Exam
- GMBoK Guide Orders
- Registration for Annual Grants Training
- Registration for GMBoK Training

FREE

- Local Chapters
- NGMA Network Social Community
- Webcast Library
- Webinars
- CGMS Practice Test
- Electronic GMBoK Guide
- Grants Guidance, Best Practices, Tools & Techniques
- Grants Related Job Postings
- Membership Directory

Ready to Join?

Three Ways to Pay:

Option 1: Email completed form to NGMA

Option 2: Mail completed form with Credit Card Payment
Option 3: Email or Mail completed form to NGMA for invoice

Mail: National Grants Management Association 21010 Southbank Street, #2055 Sterling, VA 20165-7227

Email: info@ngma.org | **Call us:** (202) 308-9443



NGMA Agency/Group Membership Intake Form

Organization Type		
Academic Institution	Tribal Government	
State, Local or Federal Government Agency	Faith-Based Organization	
Non-Profit Non-Governmental Agency	Other	
Company Information		
Organization:		
Mailing Address:		
City:	State:	Zip:
Website:	Primary Phone:	
*Primary Contact:		
Primary Email:		
*Correspondence will be sent to the Primary Contact.		
Group/Agency (5 + member) Annual Membership	Dues (select one)	
1 Year: \$149 2 Year: \$24	9	
Provide Group/Agency Participants		
Full Name:		
Email:	Phone:	
Full Name:		
Email:	Phone:	
Full Name:		
Email:	Phone:	
Full Name:		
Email:	Phone:	



NGMA Agency/Group Membership Intake Form

Provide Group/Agency Participants

Full Name:	
Email:	Phone:
Full Name:	
Email:	Phone:
Full Name:	
Email:	Phone:
Full Name:	
Email:	Phone:
Full Name:	
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NGMA Agency/Group Membership Intake Form

Provide Group/Agency I	Participant	S				
Full Name:						
Email:				Phone: _		
Full Name:						
Email:				Phone: _		
Full Name:						
Email:				Phone: _		
Full Name:						
Email:				Phone: _		
Full Name:						
Email:				Phone: _		
Payment Information						
Check (payable to NGMA)	AMEX	DISCOVER	MC	VISA	SEND INVOICE	
Credit Card Number:						
Security Code:		Expira	ation Date:			
Cardholder Print Name						
Billing Address:						
Cardholders Signature:						