

NAGC National Association of Government Communicators

201 Park Washington Court, Falls Church, VA 22046-4527

Phone: 703-538-1787

Fax: 703-241-5603

Email: info@nagconline.org

Federal ID#: 52-1046350

Membership Application/Renewal Form

New Application Renewal Referred By: _____

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Title: _____ Department: _____

Organization: _____

Contact Information

Preferred mailing address: Home Work

Office Email: _____ Home Email: _____

Work Phone: _____ Home Phone: _____

Fax Number: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Member Employment Profile (Please check applicable box(es):

- Federal State County City Other local/regional government Non-government
 Student Retired Other

Job Type (Please check all applicable box(es):

- Audio-Visual Emergency Management Communications Marketing and Public Outreach Media Relations
 Publications Web Sites Writing and Editing Social Media Other

Membership Type (Check the type that applies)

Due Upon Receipt

- Active:** Employed (or unemployed and seeking a position) in federal, state, county or local government . . \$120.00 1 yr.
 Active: Employed (or unemployed and seeking a position) in federal, state, county or local government . \$199.00 2 yrs.
 Organization/Agency: Any group of individuals (up to five people total) who meet the active category. \$480.00
 Affiliate: Non-government person engaged in communications or public relations whose professional activities will enhance, further or support the objectives of NAGC \$250.00
 Affiliate Group: Any group of five individuals from an organization meeting affiliate category requirements . \$1,000.00
 Retired: An active member for five or more years, now retired \$50.00
 Student: Full-time student preparing for a career in government communications. \$35.00
 Military: Active or reserve member of the armed forces \$60.00 1 yr.
 Military: Active or reserve member of the armed forces \$120.00 2 yrs.

Send Payment to:

NAGC, 201 Park Washington Ct., Falls Church, VA 22046-4527 (or fax to 703-241-5603)

Payment Options

CHECK/MONEY ORDER payable to NAGC for \$ _____

Please Charge my VISA MasterCard American Express

Card Number: _____ Exp. Date: _____ Security Code: _____

Signature: _____ Card Billing Zip Code: _____

**Membership Application/Renewal Form
Organization/Agency/Affiliate Group
Additional Members**

Additional Member 1

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Title: _____

Department: _____

Organization: _____

Contact Information

Office Email: _____ Home Email: _____

Work Phone: _____ Home Phone: _____

Fax Number: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Job Type (Please check all applicable box(es):

- Audio-Visual Emergency Management Communications Marketing and Public Outreach Media Relations
 Publications Web Sites Writing and Editing Social Media Other

Additional Member 2

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Title: _____

Department: _____

Organization: _____

Contact Information

Office Email: _____ Home Email: _____

Work Phone: _____ Home Phone: _____

Fax Number: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Job Type (Please check all applicable box(es):

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 Publications Web Sites Writing and Editing Social Media Other

**Membership Application/Renewal Form
Organization/Agency/Affiliate Group
Additional Members**

Additional Member 3

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Title: _____

Department: _____

Organization: _____

Contact Information

Office Email: _____ Home Email: _____

Work Phone: _____ Home Phone: _____

Fax Number: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Job Type (Please check all applicable box(es):

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 Publications Web Sites Writing and Editing Social Media Other

Additional Member 4

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Title: _____

Department: _____

Organization: _____

Contact Information

Office Email: _____ Home Email: _____

Work Phone: _____ Home Phone: _____

Fax Number: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Job Type (Please check all applicable box(es):

- Audio-Visual Emergency Management Communications Marketing and Public Outreach Media Relations
 Publications Web Sites Writing and Editing Social Media Other