

Individual Member Application

ENROLL ON-LINE AT WWW.NPA.ORG

Referred by an NPA men	mber? If so, who:		Referred N	PA#:
Application Type:	() New Member	() Cur	rent Member F	Renewal
Type of Membership				
individuals who are in po	ossession of a valid and co	urrent certif	ication, specifi	ssional Member is open to all cally related to the computer has two years of specific network
valid certification, specif		uter netwoi	king industry,	those in the process of obtaining a where the certification requires one a substitution.
accredited educational in	ears, Student members w	vate school	who does NO	one currently enrolled fulltime in an Γ currently hold an industry ssified as Members and are subject to
interested in advancing t		nd that utili		ilable for any company that is f the computer networking industry,
25/\$ 3,225 50/\$ 6,000 membership to eligible p Company. Company ass	100/\$11,000 - Check Proforofessional staff. Individ	essional or uals are list ble NPA m	Member above ed as NPA me	0/\$ 1,400 15/\$ 2.025 20/\$ 2,640 e) Provides professional association mbers while sponsored by the employees. NPA will provide a
experience; putting forw	ard the effort to promote tinguished Fellows Board	and constru	ct membership	g a diverse interests, leadership, and o and brand the Association. Separate onal, Member, or Executive in good
Chapter Affiliation P	lease list the Chapter you	would like	to attend:	
Member Information				
First Name:		_ Last Nam	e:	
Home Address:				
City:		_ State:	Zip:	Country:
Home Phone:	Mo	obile/Cell P	hone:	

Work Address:			
City:	State:Zip:Country:		
Work Phone:Wo	ork Fax:		
Send mail to: () Home Address () Work Address	() Do not include me in the member director		
Age Group: () Under 20 () 20 - 30 () 31	- 40 () 41 - 50 () over 50		
Are you currently employed as a network profession	onal: () Yes () No		
Which best describes your job function: (Check only one) () Network / LAN Management	() Government / Military() Finance / Banking() Non-profit / Trade Assn.() Transportation		
() Administration / Management() MIS / DP / IS Management() Research / Development	() Consultant / Independent () Utilities () VAR ./ VAD / VAN / Reseller		
() Consulting() Technical Services() Systems / Engineering / Integration	() Education() Retail / Wholesale Trade		
() Education / Training () other:	() Aerospace () Hospitality () Carriers		
Describe your organization: (Check only one) () Manufacturer	() Medical () Services () Legal		
() Insurance / Real Estate	() Other:		
erience as a network professional: years at is your annual salary: \$ K ment (payment must accompany application - US D Money Order () Check () MasterCard	ollars Only () VISA () American Express		
1#:	Exp. Date:		
	Card Verification Value (CVV):		
	Contact Phone:		
ing Street Address:	. <u></u>		
:	_State/Province:		