

Individual Member Application

acceptance.

ENROLL ON-LINE AT WWW.NPA.ORG

Referred by an NPA n	nember? If so, who:	Referred NPA#:	
Application Type:	() New Member	() Current Member Renewal	
Type of Membership			
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representatives that are: a. Interested in ac b. Willing to subs c. Willing to sign d. Willing to abic e. Current in the	lvancing the purposes of the A	ties adopted by the Board of Directors. To agreement, if any. To Ethics. The discrete states are the states	any
3,225 50/\$ 6,000 100/\$ eligible professional staff	11,000 - Check Professional of Individuals are listed as NP.	ssionals/Rate: 5/\$ 750 10/\$ 1,400 15/\$ 2.025 20/\$ 2,640 25/\$ Member above) Provides professional association membership A members while sponsored by the Company. Company assigns IPA will provide a single invoice to the Company.	to

NPA College of Distinguished Fellows is open to professionals exhibiting a diverse interests, leadership, and experience; putting forward the effort to promote and construct membership and brand the Association. Separate petition to the NPA Distinguished Fellows Board required; NPA Professional, Member, or Executive in good standing required at time of

Chapter Affiliation Please list the Chapter you would like to attend: ___

Member Information

First Name:	Last Naii	ic			
Home Address:					
City:	State:	Zip:	Country:		
Home Phone:	Mobile/Cell Phone:				
E-mail:					
Employer / Company Name:					
Work Address:					
City:	Stat	e:Zip: _	Country:		
Work Phone:	Work Fax:				
Send mail to: () Home Address () Work Addre			clude me in the member director		
Age Group: () Under 20 () 20 - 30 ()	31 - 40	() 41 - 50	() over 50		
Are you currently employed as a network profes			.,		
Which best describes your job function:		() Education () Retail / Wh () Aerospace () Hospitality () Carriers () Medical () Services () Legal	anking / Trade Assn. ion / Independent D / VAN / Reseller		
ment (payment must accompany application - US Money Order () Check () MasterCard	S Dollars Onl		nerican Express		
l#:		Exp. Date:			
ne on Card		Card Verification Value (CVV):			
nber Signature:		Contact Pl	none:		
ng Street Address:					
· •	State/Pro	vince:			
ntry:					

Send pay

1401 Hermes Lane, San Diego, CA 92154

Questions? memberservices@npa.org (888) NPA-NPA0 FAX: (888) 672-6720NPA — Advocate for the International Network Computing Professional