

LGPA ORGANIZATION MEMBERSHIP APPLICATION

EMPLOYER INFORMATION

Agency/Organization Name:

Address:

City:

State:

ZIP:

CONTACT INFORMATION

Name:

Title:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

MEMBERSHIP SELECTION (BASED ON SIZE OF HR STAFF IN YOUR ORGANIZATION)

<input type="checkbox"/> ≤ 20 HR staff	\$350
<input type="checkbox"/> 21 – 50 HR staff	\$395
<input type="checkbox"/> 51 – 100 HR staff	\$470
<input type="checkbox"/> 101 – 150 HR staff	\$575
<input type="checkbox"/> 151 – 300 HR staff	\$665
<input type="checkbox"/> ≥ 300 HR staff	\$755

SIGNATURES

I verify that the information provided is complete and accurate. It is understood that this membership is through the "Employer", not the individual. Once the "Employer" payment is received and membership is approved by LGPA, it is the responsibility of individual HR employees to create an online profile at www.lgpa.org for full access to all products and services. I understand that it is my responsibility to retain a copy of this application for my records and contact LGPA if there are any questions or need to request a W-9 Tax ID Number. I understand that application is not a guarantee of membership and LGPA reserves the right to deny my application per the terms of LGPA Bylaws.

Signature of Approval:

Date:

(Designated official within the agency to authorize payment)

Signature of Approval:

Date:

(Budget/Finance official—if applicable)



SUBMIT APPLICATION AND PAYMENT TO:

LGPA
PO Box 2980
Washington, DC 20013

Credit card payment is not accepted at this time.
We apologize for any inconvenience.
Please make checks payable to LGPA.