Renewal Application

**Louisiana Chapter**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SGMP Louisiana Chapter

Post Office Box 84825

Baton Rouge, LA 708884

Dear GMS Program Committee,

I would like to renew my Government Meeting Specialist certificate through SGMP Louisiana Chapter. Please review my documentation and confirm my status for certification. I have enclosed the following:

* 1. This completed application for recertification
* 2. My job description
* 3. My tracking sheet confirming completion of 20 contact hours
* 4. Application fee of $25 made payable to Louisiana SGMP

 Submitted by (Name):

 Title:

 Company:

 Street Address:

 City, State, Zip Code:

 Telephone:

 Fax:

 E-mail:

 Signature:

**Chapter Leader Use Only:**

* Membership records: Membership Active
* Application fee included

This is to certify that I, the undersigned, have complied with all the requirements for the status of certification and submitted this evidence on the following pages; I agree to uphold high standards of ethics, a commitment to my professional responsibilities as a meeting professional and I will make every effort to contribute to my profession and to SGMP Louisiana chapter. I verify:

1. I am a member of the Louisiana Chapter of SGMP.
2. My current responsibilities are:

 Employment History (list the last fifteen years including present employment)

 Dates

Name of Employer Employed Position\Title

 Start Date End Date

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I certify to the truth and accuracy of all the statements and representations made in this application.

I hereby grant permission to the Louisiana Chapter of SGMP, its staff, and/or its program committee to review and verify the information contained in, or in connection with, this application.

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify I am a current member and that the information in this application is accurate and correct to the best of my knowledge.

### **Verification by Immediate Supervisor or Executive Director**

This is to certify that the undersigned has carefully inspected the information contained in this completed application; that said the applicant has correctly and accurately checked the areas of responsibility indicated on Page 2; and that all other information supplied is to the best of my knowledge, true and accurate. Further, I certify that the applicant is known by me to possess a high degree of character and integrity and has demonstrated competence and proficiency in meeting planning assignments and responsibilities.

(Signature)

(Print or type Name)

(Position)

(Company)

(Address)

(City, State, Zip Code)

(Telephone)