



Government Meeting Specialist (GMS) Renewal Application



SGMP Louisiana Chapter

Date: _____

SGMP Louisiana Chapter
Post Office Box 84825
Baton Rouge, LA 708884

Dear Chapter Treasurer,

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

- 1. This completed application for certification
- 2. My job description
- 3. My tracking sheet confirming completion of required contact hours for GMS
- 4. Renewal application fee of \$35 made payable to SGMP La

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



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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.

(Signature)

(Print or type Name)



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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)

Return this form with your Tracking Form and
payment to SGMP La Treasurer at:
SGMP Louisiana
P.O. Box 84285
Baton Rouge, LA 70884