



2019 MEMBERSHIP APPLICATION

State Government Affairs Council
108 North Columbus Street
2nd Floor
Alexandria, VA 22314
Phone: 571-312-3426

SGAC MEMBERSHIP QUALIFICATIONS

1. The Council has two classes of membership: (a) Regular Member and (b) Associate Member. Regular membership is open to businesses (sole proprietorships, partnerships or corporations) and organizations of businesses (trade associations) which do business and are actively engaged in legislative and/or regulatory activity in multiple states. Associate Membership is open to any member who supports the mission of SGAC and provides services in multiple states to Regular Members. Associate Members are those organizations whose primary business services may include providing clients with public relations, legislative or regulatory representation, political management, or legislative and regulatory information reporting and analysis.
2. Such businesses or organizations of businesses (trade associations) must have an established officer, employee or department comprised of employees whose function is to represent the company or organization of companies in state legislative, regulatory and public affairs matters.
3. Such businesses or organizations of businesses (trade associations) and their individual employees and departments charged with representing them in state legislative, regulatory and public affairs shall subscribe to and adhere to fair and ethical practices in the conduct of its activities in legislative, regulatory and public affairs.
4. New members must be nominated by two current member organizations and approved by a majority of the Board of Directors voting by ballot.
5. Members will be expected to regularly participate in SGAC meetings/functions/activities per year in order to maximize SGAC membership.
6. Members will be encouraged to serve actively on at least one SGAC committee.

SGAC GUIDELINES FOR PROFESSIONAL CONDUCT

A key mission of the State Government Affairs Council (SGAC) is to champion professional and ethical standards in government relations. SGAC as an organization does not take positions on matters of public policy, but through its members seeks to enhance policy-makers' knowledge of various business perspectives. The State Government Affairs Council believes that effective government depends on the greatest possible participation of those being governed.

We believe government affairs professionals should uphold the highest standards of ethical behavior. In that regard, SGAC expects its members to adhere to the following guidelines:

1. Members will comply with both the letter and the spirit of all applicable laws regarding lobbying, campaign finance, political activities and business-government relations.
2. Members will represent the interests of their employer or client in an honest, open fashion, avoiding the intentional dissemination of false or misleading information to clients or employers, public officials, the media or professional colleagues.
3. Members will treat all involved in the governmental process with full respect and dignity.
4. Members will avoid conflicts of interest and where conflict is unavoidable, will communicate the facts fully and freely to those affected.
5. Members will strive to increase public understanding of the role of advocacy in a representative democracy through individual and collective educational efforts.
6. Members will continue to pursue professional development through formal education, meetings and seminars, and any other means available to acquire enough knowledge to fairly present a balanced point of view.
7. Members will respect and abide by the applicable rules, regulations and practices of national and regional organizations of state government officials.

SGAC DUES STRUCTURE

The SGAC dues year is January 1 through December 31. Dues are \$6,500, with \$5,000 for SGAC and a \$1,500 contribution to the SGAC Foundation, per annum, due January 1.

As the Main Representative of the above company/organization, my signature below confirms that I and the other SGAC delegates from this company/organization have reviewed and acknowledge the SGAC Guidelines for Professional Conduct.

Signature _____ Date _____



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ORGANIZATION INFORMATION

Organization Name: _____

HQ Address: _____

City/State/Zip Code _____

Industry: _____

- Regular Membership Associate Membership
- Corporation Service Provider
- Trade Association

PRIORITY STATES & ISSUES

Please list the top priority states where your organization has state government activities: _____

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Direct Selling | <input type="checkbox"/> Homeland Security | <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Banking/Finance | <input type="checkbox"/> E-Commerce | <input type="checkbox"/> Insurance | <input type="checkbox"/> Privacy | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Biotech | <input type="checkbox"/> Education | <input type="checkbox"/> Labor/HR | <input type="checkbox"/> Procurement | <input type="checkbox"/> Telemarketing |
| <input type="checkbox"/> Chemical Security | <input type="checkbox"/> Energy | <input type="checkbox"/> Law | <input type="checkbox"/> Recycling | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Consumer Lending | <input type="checkbox"/> Environment | <input type="checkbox"/> Lobbying | <input type="checkbox"/> Reinsurance | <input type="checkbox"/> Tort Reform |
| <input type="checkbox"/> Consumer Protection | <input type="checkbox"/> Franchise | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Copyright/Intellectual Property | <input type="checkbox"/> Gaming | <input type="checkbox"/> Medicare/Medicaid | <input type="checkbox"/> Safety | <input type="checkbox"/> Travel & Tourism |
| | <input type="checkbox"/> Health | <input type="checkbox"/> Packaging | <input type="checkbox"/> Tax | |

MAIN CONTACT INFORMATION

Name: _____

Title: _____

Address: _____

City/State/Zip Code _____ Phone: _____

Mobile: _____ Email: _____

ADDITIONAL REPRESENTATIVE INFORMATION

Name: _____

Title: _____

Phone: _____ Email: _____

CURRENT MEMBER REFERENCES

TWO REQUIRED

(1) Contact Name: _____ Organization: _____

(2) Contact Name: _____ Organization: _____

EXPECTATIONS OF MEMBERSHIP

How did you learn about SGAC? _____

What are your expectations upon joining? _____

Did you join for networking, professional development, or both? _____

Are you interested in joining SGAC's Professional Certificate Program? _____