

Submit to: 8840 Columbia 100 Parkway, Columbia, MD 21045-2158

I hereby request with the submission of this completed form and non-refundable fee that a file be established in my name by the NACM National Education Department. The information below will be used only for the tracking and maintenance of your personal, confidential record.

Mr./Ms.	First Name	Middle or Maiden Name	Last Name
Title		Business Email Address	
Company			
Business Mailing Address		City	State Zip
Business Shipping Address		City	State Zip
Direct Business Telephone		Main Business Telephone	
Direct Business Fax		Main Business Fax	
Home Address		City	State Zip
Home Telephone		Home Email Address	

Birth Month/Day (MM/DD) _____ The name of my local NACM Affiliated Association: _____

I want to establish my personal file with this registration. I have attached to this form (check all that apply):

- Documentation of CEUs earned to date
- A current resume or summary of my professional experience
- To complete my file, I will request that official copies of all transcripts be sent by universities and/or colleges directly to the NACM-National Education Department

Application Fee: Member: \$175 Non-member: \$275

A check, made payable to **NACM-National Education Department**, is attached.

Charge to: VISA MasterCard American Express Diners Club Discover Card

Card Number _____ Card Security Code _____ Expiration Date _____

Cardholder's Name _____ Cardholder's Signature _____

Credit Card Billing Address _____

By submitting this application for registration, I fully understand that it is for registration purposes only. I further understand that I must meet further requirements to begin the certification process. By my signature, I agree to subscribe to the NACM Canons of Business Credit Ethics (page 7) with the knowledge that any false statement or misrepresentation that I make in the course of these proceedings may result in the revocation of this registration and prohibit me from participating in the professional certification program.

Signature of Applicant _____ Date _____

I understand that by providing my mailing address, email address, telephone and fax numbers, I consent to receive communications sent by or on behalf of the National Association of Credit Management (NACM), FCIB-NACM, Inc., and its subsidiaries and Affiliated organizations, via regular mail, email, telephone or fax.

Signature of Applicant _____ Date _____