Application for the Credit Business Fellow[™] (CBF[™]) Designation

Applicant Information

Mr./Ms.	First Name	Middle or Maiden Name	Last Name			
Title		Business Email Address				
Company						
Business Mailing Add	ress					
City		State/Province	Zip/Postal Code	Country		
Business Shipping Ad	dress					
City		State/ Province	Zip/Postal Code	Country		
Direct Business Telep	hone	Main Business Telephone				
Home Address						
City		State/ Province	Zip/Postal Code	Country		
Home Telephone	Home Telephone Personal Email Address					
Birth Month/Day (M	/M/DD) The name of my local	NACM Affiliated Association:				
I understand that I must have earned the Credit Business Associate (CBA SM) to apply for this designation.						
I understand that a non-refundable fee must accompany this application. This fee covers the CBF [™] designation process. I further understand that should I fail to complete this process by not taking the exam within one year of my written approval, I will need to reapply. The application fee is not divisible; no part will be refunded should I not complete the process.						
Application Fee: 🛛 Member: \$285 🔲 Non-member: \$570						
A check, made payable to NACM-National Education Department, is attached.						
Charge to:	VISA 🗌 MasterCard 🗌 Americar	n Express 🛛 Discover Ca	rd			
Card Number		Card Security Code		Expiration Date		
Cardholder's Name		Cardholder's Signature				
Credit Card Billing Ad	dress					
Please send all correspondence related to this application to:						
☐ Home address	Business address					
I plan to sit for the	CBF [™] exam on the following date:					
Louisville, KY on July 25, 2022 (Pa	am given at NACM's Credit Congress in Ily (Paperwork Deadline: April 15) aperwork Deadline: May 27) 22 (Paperwork Deadline: September 9)	□ June 11, 2023 Grapevine, TX □ July 24, 2023 (5, 2023 (Paperwork Deadline: January 20) ., 2023 exam given at NACM's Credit Congress in ine, TX (Paperwork Deadline: April 21) . 2023 (Paperwork Deadline: June 16) ber 6, 2023 (Paperwork Deadline: September 22)			

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Testing Location

The exam will be given at your local affiliated association office unless special, advanced arrangements are made. If you wish to test at a location different from your affiliate office (must be approved by NACM), please provide proctor information below. Proctors must be in a supervisory role or a human resource representative from your company.

Proctor Name					
Proctor Title					
Shipping Address (street address only)					
Email	Phone				
□ Check here if upon receiving the CBF SM designation, you would like NACM to notify your immediate supervisor (only one name please) of your achievement. The NACM president should send the notification to:					
Mr./Ms.					
Name of Supervisor	Supervisor's Title				
Company					
Mailing Address					
City	State/Province	Zip/Postal Code	Country		
Direct Phone	Email Address				
I hereby apply for admission to the Credit Business exam before achieving this designation.	Fellow (CBF℠) Designatio	n. I understand that I m	ust take and pass the CBF SM		
I have met all of the requirements for this designation a completed copy of the NACM Career Roadmap show the NACM Canons of Business Credit Ethics with the course of these proceedings may result in the revoca participating in the Professional Certification Progra honor and merit upon the financial and business cre	ving completion of the req knowledge that any false ation of this application, fo am. I further agree to con	uired course work. By my e statement or misrepre orfeiture of the applicati	/ signature, I agree to uphold sentation that I make in the on fee and prohibit me from		

Signature of Applicant
Date

I understand that by providing my mailing address, email address and telephone number, 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 or telephone.

Signature of Applicant
Date

Check here to opt out of the congratulatory listing published in Business Credit magazine.

Return completed form to:

NACM Education Dept., 8840 Columbia 100 Parkway, Columbia, MD 21045-2158 • Fax: 410-740-5574 • Email: education_info@nacm.org