

NACM-National Education Department Registration Form

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/Province Zip/Postal Code Country

Business Shipping Address City State/Province Zip/Postal Code Country

Direct Business Telephone Main Business Telephone

Home Shipping Address City State/Province Zip/Postal Code Country

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: \$350

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

Charge to: VISA MasterCard American Express 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 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, or telephone 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, or telephone.

Signature of Applicant Date

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