

**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 \_\_\_\_\_

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  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 \_\_\_\_\_