 **NACM® Credit and Financial Development Division**

**Board of Directors Candidate Application**

This completed application forms should be submitted with the information requested and must be received by **April 1**. Please send your files as e-mail attachments to cfdd@nacm.org. The name of the file containing the application form should be as follows: LastNameFirstName\_BoardApp.doc. Example: SmithJohn\_BoardApp.doc. The name of the file containing any attachments should be as follows: LastNameFirstName\_BoardAppAttach.doc. Example: SmithJohn\_Board AppAttach.doc.

**Candidate Information:**

|  |  |
| --- | --- |
| Name of Candidate  |       |

|  |  |
| --- | --- |
| Company  |       |

|  |  |
| --- | --- |
| Address  |       |

|  |  |
| --- | --- |
| City, State, Zip |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone  |       | Cell |       | E-mail |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Title |       | Number of Years in Credit |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Years with Company |       | Number of Years in Current Position |       |

Highest NACM® Designation Awarded: [ ]  CCRAsm [ ]  CBAsm [ ]  CBFsm [ ]  CCE®

|  |  |
| --- | --- |
| Name of Local CFDD Chapter (or Direct Member) |       |
| Number of Years as Member |       |
| Must be an active member in good standing of NACM®-CFDD |

|  |  |
| --- | --- |
| Name of Local NACM® Affiliate |       |

**Local CFDD Service**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | President  | Date |       | [ ]  | Vice President | Date |       |
| [ ]  | Secretary | Date |       | [ ]  | Treasurer | Date |       |
| [ ]  | Education Committee | Date |       | Chairman? | [ ]  Yes [ ]  No |
| [ ]  | Membership Committee | Date |       | Chairman? | [ ]  Yes [ ]  No |
| [ ]  | Program Committee | Date |       | Chairman? | [ ]  Yes [ ]  No |
| [ ]  | Publicity Committee | Date |       | Chairman? | [ ]  Yes [ ]  No |

**National CFDD Service**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Chairman | Date |       | [ ]  | Vice Chairman | Date |       |
| [ ]  | Director | Date |       | [ ]  | Member-at-Large | Date |       |
| [ ]  | Judging Committee | Date |       |  |  |  |  |

**Local NACM Service**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Officer | Date |       | [ ]  | Director | Date |       |
| [ ]  | Committee | Date |       | [ ]  | Committee Member | Date |       |

**Recent Business Community and Other Organizational Activities**

|  |  |  |
| --- | --- | --- |
|       | Date |       |
|       | Date |       |
|       | Date |       |
|       | Date |       |
|       | Date |       |
|       | Date |       |

**Please complete this section if applying for a Director or Vice Chairman position**

|  |  |
| --- | --- |
| Will candidate attend NACM® Credit Congress this year?  | [ ]  Yes [ ]  No |
| Will candidate be able to attend NACM® Credit Congress next year for the CFDD Annual Board Meeting? | [ ]  Yes [ ]  No |
| Will candidate be able to attend CFDD National Conference this fall for the Mid-Year Board Meeting? | [ ]  Yes [ ]  No |
| Is candidate’s employer aware of this application? | [ ]  Yes [ ]  No |
| Letter of employer’s support attached? | [ ]  Yes [ ]  No |
| Will candidate be able to perform the duties of a CFDD Board Member? | [ ]  Yes [ ]  No |
| Will candidate be able to visit assigned chapters? | [ ]  Yes [ ]  No |

**Please complete this section if applying for a Vice Chairman position only**

|  |  |
| --- | --- |
| Current Vice Chairman? | [ ]  Yes [ ]  No |
| Position Held |       |
| Current Board Member? | [ ]  Yes [ ]  No |

**Candidate Statement:** Please provide the reason(s) you are seeking a position on the Board of Directors of the NACM Credit and Financial Development Division. What expertise do you bring to this position? What goals do you hope to accomplish, and how you will accomplish them? How are you prepared to, and how will you, promote the vision and mission of NACM and CFDD? (use additional pages if needed)

|  |
| --- |
|       |

*Your signature, represented by typing your name, attests to the validity of the information within this application to the best of your knowledge.*

|  |  |
| --- | --- |
|       |       |
| Applicant’s Full Name (representing signature) | Date |

CFDD Administrator

NACM – CFDD

8840 Columbia 100 Parkway

Columbia, MD 21045

P: 410-740-5560

F: 410-740-5574

E: cfdd@nacm.org

NOTE: Candidates will be interviewed at NACM’s Credit Congress during the Annual Board of Directors Meeting. Please Make Airline / Hotel Reservations Accordingly

Revised February 2022