

NACM-National Education Department Registration Form

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. I understand that by registering with the NACM-National Education Department I may call to request an NACM Continuing Education Unit (CEU) Report at no additional cost. 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

 Birth Month and Day (MM/DD) Title

 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 Business E-Mail Address

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

2007 Registration Fee: Member: \$160 Non-member: \$260

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

Charge to: VISA MasterCard American Express Diners Club Discover Card

 Card Number Card ID/Security Number 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 Date

I understand that by providing my mailing address, e-mail 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, e-mail, telephone or fax.

 Signature Date