



**National Association of Credit Management**  
**Credit & Financial Development Division**  
(Phoenix CFDD Chapter)

**Membership Application**

Please type or print

New Member

Information Change

Name:	Title:
Company:	
Address:	
City, State, Zip:	
Office Phone:	Fax:
E-Mail:	Birth Date (mm/dd only):
NACM Affiliate:	NACM Member #
Management: No. Years Experience:	Credit/Financial: No. Years Experience:
NACM Designations: CCA_____ ACCA_____ CBA_____ CBF_____ CCE_____ CEW_____ CICP_____	
Are you your Company's designated representative to NACM? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Participation in NACM (Committees, Industry groups, etc.)	
Are you replacing another CFDD Member?	If so, whom?
Were you previously a member of CFDD?	Where/When?

We are pleased to welcome you to our Phoenix CFDD Chapter and are anxious to get to know you, so please share your experience and let us know about you, your career, and what you are hoping to gain from a CFDD membership:

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Annual dues shall be invoiced not later than October 31, and are due upon receipt.

Dues for new members will be pro-rated according to the date the application is approved by the Board of Directors. The pro-ration schedule is as follows:

January—March	\$75.00
April—June	\$56.25
July—September	\$37.50
October—December	\$18.75

The monthly meeting fee is \$30.00. **Please make checks to: CFDD Phoenix Chapter.**

Our billing is via email, so please provide your email address. Please indicate if billing is to be sent to your office or to your home.

\_\_\_\_\_ [ ] Office [ ] Home  
Email Address

**I SUBMIT MY APPLICATION FOR MEMBERSHIP:**

\_\_\_\_\_  
**Signed by**

\_\_\_\_\_  
**Date**

Please send application and payment to:

**CFDD Phoenix Chapter  
PO Box 1354  
Tolleson, AZ 85353**

For more information about joining CFDD, please contact  
**Ellen Wodiuk, Membership Chair**  
**ewodiuk@fmyavapaimaterials.com**  
**480-862-6347**

<b>DO NOT WRITE IN THIS SPACE</b>	
APPROVED BY CFDD BOARD [ ] YES	AMOUNT \$ _____
[ ] NO	DATE NOTIFIED _____
PAID: [ ] CHECK [ ] CASH [ ] BILL MEMBER	DATE PAID _____