



**CREDIT AND FINANCIAL DEVELOPMENT  
DIVISION OF NACM  
POST OFFICE BOX 2615  
ORLANDO, FLORIDA 32802**

***"Committed to Professional Excellence"***

Date: \_\_\_\_\_

**MEMBERSHIP APPLICATION**

Company: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Is your company a member of NACM: Yes  No  If Yes, Member #: \_\_\_\_\_

NACM Membership: Check one Primary  Associate

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth - Month: \_\_\_\_\_ Day: \_\_\_\_\_

Have you been a member of CFDD before? Yes  No  If Yes, What Year: \_\_\_\_\_

Offices Held: \_\_\_\_\_

Who is your sponsor to CFDD: \_\_\_\_\_

Please check a committee(s) that you would like to serve on:

Membership  Education  Publicity  Programs

Your Application for membership will be reviewed and voted upon at the next board meeting.

Our monthly meetings are held on Tuesdays. Please see our schedule on our website. [www.cfdd-orlando.org](http://www.cfdd-orlando.org)

**The meeting fee and meal cost is the members responsibility.**

NOTE: Our yearly dues are payable in December for the following year. If you are joining our organization at a different time of the year please pro-rate your dues as follows:

<b>Jan., Feb., Mar.</b>	<b>= \$80.00</b>	<b>Apr., May, Jun.</b>	<b>= \$60.00</b>
<b>Jul., Aug., Sep.</b>	<b>= \$40.00</b>	<b>Oct., Nov.,</b>	<b>= \$20.00</b>

Make check payable to **C. F. D. D. Orlando Chapter** & mailed with completed application to:

**CFDD – Orlando Chapter  
Attn: Treasurer  
P. O. Box 2615  
Orlando, FL 32802**

If you have any questions please email [treasurer@cfdd-orlando.org](mailto:treasurer@cfdd-orlando.org).

We look forward to seeing you at your next meeting!

*"Education is our Goal"*

**For Board Use Only**

Approval Date: \_\_\_\_\_

Check # \_\_\_\_\_ \$: \_\_\_\_\_

Company Ck  Individual Ck