



**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/SACM: Yes No If Yes, Member #: _____

NACM/SACM 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

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:

Jan.,	Feb.,	Mar.	=	\$90.00	Apr.,	May,	Jun.	=	\$65.00
Jul.,	Aug.,	Sep.	=	\$45.00	Oct.,	Nov.,		=	\$25.00

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 crmgr@ferran-services.com

We look forward to seeing you at your next meeting!

*"Education is our
Goal"*

For Board Use Only

Rev. Date: _____

Approval Date: _____

Check # _____ \$: _____

Company Ck Individual Ck
