



C.F.D.D. (Credit & Financial Development Division)

APPLICATION FOR MEMBERSHIP

(PLEASE PRINT)

NAME: _____

TITLE: _____ **E-MAIL ADDRESS:** _____

WORK #: _____ **EXT #:** _____ **FAX #:** _____

COMPANY NAME: _____ **INDUSTRY TYPE:** _____

COMPANY ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE #: _____

This is a Member Owned organization. We need you to be involved and to participate on a committee:

(NOTE: The information listed above will be printed in the membership roster.)

CFDD has a mentoring program to assist new members in our group, and in NACM. They can give you guidelines to the accreditation programs, both local and national, and can help you meet members in our group. Do you wish to be assigned a mentor? _____ YES _____ NO

If you answered "yes", please answer the following:

Years in Credit: _____

Other Industries in which you have worked: _____

ANNUAL DUES: **\$85.00** – All Members
 \$27.00 – Each Monthly Dinner Meeting (w/ reservation)
 \$30.00 – Each Monthly Dinner Meeting (w/o reservation)

Rosters & Pins are included in the "new member" membership dues (additional pins are at a cost of \$5.00 each)

Our year begins **January 1st** and ends **December 31st**. Our Dues are prorated on a quarterly basis. **CFDD meetings** are held on the **2nd Monday** of each month. **DUES ARE PAYABLE AT THE TIME OF APPLICATION.** Membership begins upon acceptance of application by the CFDD Board of Directors, Seattle Chapter.

Please make check payable to:

N.A.C.M. - C.F.D.D. SEATTLE CHAPTER

Please send check to:

C/O Bob Lucas

Phn: (206) 728-6369

NACM BCS

Fax: (206) 728-6320

PO Box 21966

Seattle WA 98111