

NACM CFDD WICHITA CHAPTER MEMBERSHIP APPLICATION

I hereby make application for membership in the NACM Credit & Financial Development Division.

Name _____ Position/Title _____

Firm _____ Phone _____

Address _____ Fax _____

Street or PO Box

City State Zip Code E-Mail address



Firm is a member of _____

Name of NACM Affiliate

Member #

Personal Data:

Address _____

Street or PO Box

City

State

ZipCode

Phone _____ Birthday-month and day only _____

Annual Dues: January 1 – December 31 \$100.00

Prorated Quarterly: January 1 – March 31 \$100.00

April 1 – June 30 \$67.50

July 1 – September 30 \$45.00

October 1 – December 31 \$22.50

Bill my Firm \$ _____

Check Enclosed _____

Payable to CFDD Wichita Chapter

Contacted for membership by _____

Signature of Applicant

Date

Please return to:

Rochelle Wislon, CBA

Vice President, Membership and Programs

Phone & Fax: 314-677-2803

rochelle.wilson@nacmconnect.org