



**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: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Firm is a member of:

_____	_____
<i>Name of NACM Affiliate</i>	<i>Member #</i>

## PERSONAL DATA

Address: \_\_\_\_\_

*Street or PO Box*

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

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthday (*Month and Day Only*): \_\_\_\_\_

## ANNUAL DUES:

Membership Yearly Dues:..... \$80.00 , Pro-Rated Quarterly at \$20.00 per Quarter

Student Yearly Dues: ..... \$40.00

Bill my Firm \$ \_\_\_\_\_ Check Enclosed Made Payable to *CFDD Wichita Chapter*.

Please mail your check and filled out application to  
CFDD Wichita Chapter  
Attn: Jennifer Maina/Excel Industries  
200 S. Ridge Road  
Hesston, KS 67062

Contacted for membership by: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_