



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:

Name of NACM Affiliate

Member #

PERSONAL DATA

Address: _____

Street or PO Box

City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: _____

Birthday (*Month and Day Only*): _____

ANNUAL DUES:

Membership Yearly Dues:..... \$1000.00, bi-annually

Student Yearly Dues: \$50.00

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

Please mail your check and filled out application to
CFDD Wichita Chapter
Attn: Attn Crystal McRoberts
1601 S. Sheridan St.
Wichita, KS 67213

Contacted for membership by: _____

Signature of Applicant: _____ Date: _____