

CREDIT AND FINANCIAL DEVELOPMENT DIVISION

About CFDD

A CFDD Chapter is a group of credit professionals organized with a focus on education, networking and professional support for employees of member firms of the National Association of Credit Management. Membership enhances professional status while promoting attainment of educational goals, business contacts, networking opportunities and leadership development.

"Membership in CFDD is an investment in yourself! It provides a pathway for you to reach your educational goals and professional success"

Our Mission

The mission of the NACM Credit and Financial Development Division is to develop tomorrow's business leaders through core offerings

Our Vision

To be a leading provider of professional development opportunities through learning, coaching, networking and individual enrichment.

CFDD PHOENIX CHAPTER
PO BOX 631
GILBERT AZ 85299

www.cfddphx.com cfddphoenix@gmail.com





National Association of Credit Management

CREDIT & FINANCIAL DEVELOPMENT DIVISION

(PHOENIX CHAPTER)

P. 0. Box 631 • Gilbert, AZ 85299

Membership Application

Please Type or Print

☐ New Member	□ Information Change				
Name:	Title:				
Company:					
Address:					
City, State, Zip:					
Office Phone:	Fax:				
E-Mail:	Cell Phone:				
NACM Affiliate: Affiliate Location:	NA	CM No.:			
D YES □ NO					
Are you your Company's designated rep	resentative to NACM?	□ NO			
Management: No. of Years' Experi	ence: Credit/Finance:	No. of Years' Experience:			
Current Responsibilities:					
Participation in NACM (Committees, Inc	lustry groups, etc.) NACM Designati	ons?			
Are you replacing another CFDD Member?	□YES □ NO If so, whom?				
Name of CFDD member sponsoring you:					
Were you ever previously a member of CFD	D? YES NO V	Vhere/When?			
List other Organizations you are a membe	r of				
Home Address					
City, State, Zip					
Home Phone	Home Fax:				
HomeE-Mail	Birthday (month/day)				
Spouses Name:	Special Interests/Hobbies				
Annual Dues shall be invoiced no later than C Dues for new members will be pro-rated a Directors.	according to the date the application	is approved by the Board of			
Please indicate if billing is to be sent to your office or home address: Home □ Office □					
submit my application for membership:	Signed by:				
(Revised 01 /18105)	Date Submitted: Da	ite Approved:			

PLEASE SEND APPLICATION TO:
CFDD Phoenix Chapter Board of Directors E-mail: cfddphoenix@gmail.com

Dues for new members will be pro-rated according to the date the membership application is approved by the Board of Directors

The Pro-ration schedule	e is as follows:	
January-March April-June July-September October-December	\$85.00 \$65.00 \$45.00 \$25.00	

The CFDD Monthly Sessions fee is ${\bf S}35.00$.

Please make checks payable to: CFDD Phoenix Chapter PayPal is available on our website WWW.CFDDPHX.COM

	PayPal is available on our website WWW.CFDDPHX.COM
Ourinvoice	es are only sent to your email address; kindly provide your current email address:
	<u> </u>
EMail Ad	dress
I SUBMIT MY	APPLICATION FOR MEMBERSHIP:
Signed By	Date
	Please submit completed application to:
	CFDD Phoenix Board of Directors cfddphoenix@gmail.com
	Please submit payment thru Paypal which is available on our website:
	CFDDPHX.com

DO NOT WRITE IN THIS SPACE

[] NO DATE NOTIFIED	APPROVED BY CFDD BOARD [] YES		AMOL	JNT	
		[] NO	DATE	NOTIFIED	
PAID: [] CHECK [] CASH [] CREDIT CARD/PAYPAL (] BILL MEMBER	PAID: [] CHECK	[] CASH	[] CREDIT CARD/PAYPAL	(]BILL MEMBER	