



CMM ASSOCIATE RECERTIFICATION FORM

Name: _____ Email: _____
(Please print) (Please print)

Has any of the following information changed? Yes No (If no, skip to signature; if Yes, complete with new information)

Mailing Address: _____

City | ST | ZIP : _____

Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

Company/Family Trust: _____

NARO Membership Number: _____ (if known)

Anniversary Date of Certification (if known): _____

Please sign, date, and return this form with \$50.00 recertification fee:

NARO Foundation – CMM Certification Committee

15 W. 6th Street, Suite 2626 | Tulsa, OK | 74119

Phone: (918) 794-1660 | Fax: (918) 794-1662 | registrar@naro-us.org

Check Enclosed - Please make checks payable to "NARO Foundation"

Credit Card - Contact the NARO office

I certify I am a NARO Member in good standing and I have submitted Affidavits of Attendance to the CMM registrar per CMM Policies and Procedures which equal or exceeds the CMM program requirements.

I further understand and agree that if recertification is granted as a CMM Associate, I will use "CMM Associate" in all written and electronic communication including business cards

(Signature)

(Date)

OFFICE USE ONLY

Annual NARO Membership verified: _____ (years) Recertification fee paid: _____ (date)

Education Credits verified: _____ (date) Number of Credits: _____

Recertification Expires: _____ (date) Date Approved: _____

Approved CMM Certification Committee by: _____