



CMM EMERITUS APPLICATION

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

Mailing Address: _____

City | ST | ZIP : _____

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

Company/Family Trust: _____

NARO Membership Number: _____ (if known)

Please sign, date, and return this form with appropriate one-time, non-recurring \$50.00 fee to:
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

PAYMENT

- Check Enclosed – Please make checks payable to “NARO Foundation”
- Credit Card - Contact the NARO office

I certify that I am and will remain a NARO member in good standing, a CMM associate professional, and I have been a CMM for at least 10 years and I no longer receive compensation for my services. I further understand and agree that if the CMM Emeritus designation is approved, I will use “CMM Emeritus” in all written and spoken exchanges.

(Signature)

(Date)

OFFICE USE ONLY

Annual NARO Membership verified: _____ years CMM certification verified: _____ years
 Emeritus fee paid: _____ Date: _____
 Approved CMM Certification Committee by:
