

CMM PROFESSIONAL REGISTRATION FORM

Date:

Name:	Email:	(Please print)
Mailing Address:		
City ST ZIP :		
Phone: ()	Cell: ()	Fax: ()
Company/Family Trust:		
NARO Membership Number:	(if known)	

OPTIONAL: PRIOR EDUCATION CREDITS

Additional credits toward your associate certification may be earned by prior attendance at a NARO sponsored event. Only events attended within the last 5 years are eligible for education credits. See CMM Policies and Procedures III.F.2. Affidavits of attendance will be required for each item.

Professional Experience:	Year of Employment	Employer/Duties
Land, title analysis, law, oil and gas accounting, division		
order analysis and minerals management for institutions, trusts,		
partnerships, corporations, and other related.		

Professional Certifications:	Year Certified	Sponsoring Organization
NADOA, NALTA, AAPL, ABA, and other related.		

Professional Educational Programs	Year	Sponsoring Organization	Subject Matter
Seminars, college			
courses, and other professional related education Programs.			
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NARO Sponsored Events	Year	Location/Event
State and National Conventions, CMM Review Course, and other related workshops.		

NOTE: Only events attended within the last 5 years are eligible for education credits.

REGISTRATION LEVEL	EXAMS (may be paid now or prior to taking) Exam I \$50 Exam II \$50 Exam III \$50
STUDY RESOURCES	
Books unless otherwise noted	
 CMM Review Manual \$50.00 (included in CMM Review) Look Before You Lease \$6.50 (booklet) Oil and Gas Law in a Nutshell \$40.00 Am I Being Shorted \$5.00 (monograph) Land and Leasing \$45.00 	PLEASE NOTE: A shipping charge of \$5.50 for orders under \$20.00; \$8.50 for orders over \$20.00; \$13.50 for orders over \$60.00 and \$15.50 for orders over \$100.00 will be added, as well as an 8.517% sales tax charge. Please include these additional charges if paying by check. <i>If ordering 14 days or less before an event, materials may be picked up on site per registrar's discretion.</i>
REVIEW COURSE	

CMM Review Course \$150 (includes CMM Review Manual)

Please indicate date and location of Review Course(s):

TOTAL AMOUNT DUE: _____

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

(Signature)

(Date)

Please return this form to: **NARO Foundation - CMM Registrar** 7030 S. Yale Ave. Suite 404 | Tulsa, OK | 74136

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

Total: \$_____ Completed _____ Shipped _____