

NACM CFDD OMAHA/LINCOLN 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 Code E-Mail address



Firm is a member of _____

Name of NACM Affiliate

Member #

Personal Data:

Address _____

Street or PO Box

City

State

ZipCode

Phone _____ Birthday-month and day only _____

Annual Dues:	January 1 – December 31	\$100.00
Prorated Quarterly:	January 1 – March 31	\$100.00
	April 1 – June 30	\$67.50
	July 1 – September 30	\$45.00
	October 1 – December 31	\$22.50

Bill my Firm \$ _____

Check Enclosed _____

Payable to CFDD Omaha/Lincoln Chapter

Contacted for membership by _____

Signature of Applicant

Date

Please return to:

Denise Kephart, CBA

Membership Chair

Ph 402-457-8609

Fax 402-457-8572

denise.kephart@lozier.biz