

# IAFSM CFM® RENEWAL APPLICATION

(Please Print)

1. Applicant's Name:

\_\_\_\_\_

(Last)

\_\_\_\_\_

(First)

\_\_\_\_\_

(MI)

2. Certificate Number: \_\_\_\_\_

3. Employer: \_\_\_\_\_

4. Main Mailing Address: Wk or Hm – circle one

5. Other Address (for file- required): Wk or Hm – circle one

6. Daytime Telephone Number: (include area code): \_\_\_\_\_

7. Main Email Address: Wk or Hm – circle one \_\_\_\_\_

8. Secondary Email Address: Wk or Hm – circle one \_\_\_\_\_

9. Describe any changes in your job responsibilities: \_\_\_\_\_

10. Describe any additional certifications or licenses: \_\_\_\_\_

11. Describe any additional professional organizations you have joined: \_\_\_\_\_

12. Provide the following, if checked in your renewal letter:

\_\_\_\_\_ Completed Renewal Application (this form)

\_\_\_\_\_ Proof of Continuing Education Credits

\_\_\_\_\_ \$50 Renewal Fee for IAFSM Member / \$120 Non-member

*Late fee- additional \$75.00 after expiration date*

**Make checks payable to and Mail to:  
ASFPM, 8301 Excelsior Dr., Madison, WI 53717**

\_\_\_\_\_ Check enclosed      \_\_\_\_\_ Credit Card      \_\_\_\_\_ Purchase Order

Check or Purchase Order Number \_\_\_\_\_ PAYMENT AMOUNT \$ \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ CCV # \_\_\_\_\_

Signature \_\_\_\_\_ Cardholders Zip Code \_\_\_\_\_