



CMM PROFESSIONAL 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 \$100.00 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.

(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: _____