



## CMM ASSOCIATE RECERTIFICATION FORM

Name: \_\_\_\_\_ (Please print) Email: \_\_\_\_\_ (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 \$50.00 recertification fee:**

NARO Foundation – CMM Certification Committee

7030 S. Yale Ave. Suite 404 | Tulsa, OK | 74136

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

**I further understand and agree that if recertification is granted as a CMM Associate, I will use “CMM Associate” in all written and electronic communication including business cards**

\_\_\_\_\_  
(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: \_\_\_\_\_