

CDFM program enrollment form

American Society of Military Comptrollers Certified Defense Financial Manager Program

415 North Alfred Street, Suite 3 • Alexandria, VA 22314 • (800) 462-5637 • (703) 549-0360 • Fax (703) 549-3181

ASMC Member? Yes No Member Number _____ Chapter _____

This is a: New Enrollment ASMC membership included with this enrollment Extension of Eligibility

Identifying Information

Mr. Ms.

Last Name _____ First _____ Full Middle _____

Street Address _____

City _____ State/Province _____ Zip Code/Country _____

Day Phone _____ Evening _____ Commercial Fax _____

E-Mail Address _____ Last 4 digits of SSN _____

Date of Birth (Mo/Day/Yr) _____

Name as you wish it to appear on your certificate _____

Professional Information

1. Service Affiliation? Army Navy Air Force Marine Corps
 Coast Guard DFAS Other DoD Corporate None

If None, Other, or Corporate, please explain: _____

2. Employment Status? DoD Civilian Military Other Non-DoD Retired

If "Other," please explain: _____

3. Pay Grade/Band or Equivalent: _____

4. Civilian Job Series, Military Occupational Specialty, or Corporate Title: _____

5. Years of Experience in Defense-Related Financial Management: _____

6. Highest Civilian Education Level:

Below High School High School Diploma GED Some College—No Degree

Associate's Degree Bachelor's Degree Master's Degree Doctorate

Financial Information

The enrollment fee of \$70.00, or \$35.00 for ASMC members, allows an individual to be active in the CDFM database for two (2) years from the date of receipt. The application fee is NON-REFUNDABLE. Applications from ASMC members that do not include the Member Number and Chapter Affiliation will be returned without action.

If a candidate must extend his or her enrollment beyond two years to complete the examinations, an extension of enrollment fee of \$75.00 (members) or \$85.00 (non-members) will be required.

Fees are subject to change. Please check the certification web site for the current fee structure.

If paying by credit card please provide the following:

American Express Visa Master Card

Card Number _____

Expiration date (mm/yyyy) _____

Billing address postal ZIP Code _____

I certify that I have read, understand and agree to abide by the pledge of professionalism code of the American Society of Military Comptrollers.

Signature _____ Date _____

Please make your enrollment check payable to American Society of Military Comptrollers. Send to the address on the front of this application. Do not send cash.

NOTES

- 1) If you have already met the financial management experience requirement, please submit the "Verification of Financial Management Experience Form" with your supervisor's signature along with this application.
- 2) The ASMC database requires the last four digits of your social security number for records to be input. ASMC will conform to all provisions of the Privacy Act.
- 3) If you have an Americans With Disabilities Act requirement, please include a note to us that details your special needs (five-week notice is necessary to set up an appointment in this category).