



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 non-refundable CDFM enrollment fee allows an individual to be eligible to take CDFM exams for two (2) years. If a candidate needs to extend his or her enrollment beyond two years to complete the examinations, an extension of enrollment fee is required. Fees are subject to change. Please check the ASMC website to confirm the current fee structure.

<u>Description of Fees</u>	ASMC Member Rate	Non-Member Rate
Initial Enrollment Only	<input type="checkbox"/> \$40	<input type="checkbox"/> \$75
Initial Enrollment (\$40) Plus 1 year ASMC Membership (\$40)	<input type="checkbox"/> \$80	<input type="checkbox"/> N/A
Extension of Enrollment Only	<input type="checkbox"/> \$75	<input type="checkbox"/> \$85
Extension of Enrollment (\$75) Plus 1 year ASMC Membership (\$40)	<input type="checkbox"/> \$115	<input type="checkbox"/> N/A

If paying by credit card please provide the following:

American Express VISA MasterCard

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 check payable to ASMC. 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 see ASMC's ADA Special Testing Accommodations policy for directions on requesting testing accommodations (five-weeks' notice is necessary to set up an appointment in this category).