



# 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 ( <b>Half price member rate Oct 2017</b> )	<input type="checkbox"/> \$20	<input type="checkbox"/> \$75
Initial Enrollment (\$20) Plus 1 year ASMC Membership (\$40)	<input type="checkbox"/> \$60	<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).