



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

Currently an ASMC Member? Yes No Member Number _____ Chapter _____

Check all that apply: New Enrollment Extension of Enrollment ASMC membership is included with this enrollment

Identifying Information

Mr. Ms.

First Name _____ Middle _____ Last _____

Street Address _____

City _____ State/Province _____ Zip Code/Country _____

Day Phone _____ Evening _____ Mobile _____

Email Address _____

Date of Birth (MM/DD/YYYY) _____

Name as you wish it to appear on your certificate _____

Professional Information

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

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

Employment Status DoD Civilian Military Other Non-DoD Retired

If "Other," please explain: _____

Pay Grade/Band or Equivalent: _____

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

Years of Experience in Defense-Related Financial Management: _____

Highest Civilian Education Level:

- Below High School High School Diploma GED Some College—No Degree
- Associate 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 current fees.

Description of Fees	ASMC Member Rate	Non-Member Rate	Enrollment + 1-Year ASMC Membership (\$40)
Initial Enrollment	<input type="checkbox"/> \$20	<input type="checkbox"/> \$75	<input type="checkbox"/> \$60
Enrollment Extension	<input type="checkbox"/> \$75	<input type="checkbox"/> \$85	<input type="checkbox"/> \$115

If paying by credit card, please provide the following: American Express VISA MasterCard

Name on Card _____

Card Number _____ Expiration date (MM/YYYY) _____

If paying by check, make payable to ASMC. **Do not send cash.**

Candidate Agreement

- I have read, understand and agree to abide by the ASMC Pledge of Professionalism (see CDFM Candidate Handbook).
- I have read, understand and agree to abide by the Certification Agreement (see CDFM Candidate Handbook).
- I pledge my full cooperation should I be selected for an audit of my assertions regarding education and professional experience qualifications.
- I hereby affirm that I understand, acknowledge and agree to abide by the policies, procedures, and rules contained in the CDFM Candidate Handbook and have completely, honestly and accurately completed this enrollment form to the best of my knowledge. The American Society of Military Comptrollers may, at its sole discretion, make inquiry of individuals and organizations to verify the accuracy and completeness of the information I have provided.
- I understand that providing any information that is fraudulent, failing to completely or accurately disclose facts known to me, or failing to cooperate in any inquiry by ASMC into the information I have provided, may result in the refusal of ASMC to issue CDFM certification to me; revocation of my certification, if already awarded; and/or being permanently barred from attaining a CDFM credential.

MY SIGNATURE BELOW INDICATES ACCEPTANCE OF THIS AGREEMENT

Signature _____ Date _____

NOTE: If you have an Americans with Disabilities Act (ADA) 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).