

AMERICAN ACADEMY OF CERTIFIED PUBLIC MANAGERS®
MEMBERSHIP APPLICATION

Name _____
First MI Last

Address _____

City, State, Zip Code _____

Email Address _____

Phone Number: _____

Employer _____

Are you currently enrolled in or a graduate of a Certified Public Manager® program?

Yes _____ No _____ Program Name _____

AACPM Membership _____ current _____ past

ASPA Membership _____ current _____ past ASPA membership #: _____

Is there an active CPM Society in your state of residence?

Yes _____ No _____ Don't know _____

Upon completion and submission of this application, you will be a member in good standing of the American Academy of Certified Public Managers® through December 31, 2017, or the expiration date of your current ASPA/AACPM Section membership if that date is later than December 31, 2017. You will have all rights and privileges of membership through that date.

All members will receive a renewal notice via email at least 30 days prior to the expiration date of their membership.

It is the responsibility of each member to notify the AACPM Member at Large for Membership of any change in contact information. That information will be provided in future communication to members.

Send your completed form to cpmacademy@gmail.com. If you have any questions, please call President Becky Bryant at 870-917-7989.

