

AMERICAN ACADEMY OF CERTIFIED PUBLIC MANAGERS®  
MEMBERSHIP APPLICATION

Name \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

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 June 30, 2018. 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 AACPM of any change in contact information. This will ensure accurate communication to members.

Send your completed form via email to: [cpmacademy@gmail.com](mailto:cpmacademy@gmail.com). If you have any questions, please contact Becky Bryant at 870-917-7989.

