



Certified Automotive Fleet Manager Program Application

Mr. Ms. Mrs. _____
LAST NAME FIRST NAME M.I.

EMPLOYMENT TITLE: _____

EMPLOYER: _____

MAILING ADDRESS: _____
STREET / PO BOX
CITY STATE ZIP CODE
OFFICE TELEPHONE # OFFICE FAX #
EMAIL ADDRESS

FLEET EXPERIENCE: (PLEASE LIST IN CHRONOLOGICAL ORDER, STARTING WITH THE MOST RECENT)

- 1) _____
JOB TITLE EMPLOYER DATES EMPLOYED
BRIEF JOB DESCRIPTION
- 2) _____
JOB TITLE EMPLOYER DATES EMPLOYED
BRIEF JOB DESCRIPTION
- 3) _____
JOB TITLE EMPLOYER DATES EMPLOYED
BRIEF JOB DESCRIPTION

MEMBERSHIP:

FleetPros MEMBER: YES NO CHAPTER: _____

I PREFER CORRESPONDENCE SENT TO MY: HOME BUSINESS (SAME AS ABOVE)

STREET PO BOX APT #
CITY STATE ZIP CODE

DISCLAIMER:

THE ALL-INCLUSIVE CAFM ENROLLMENT FEE entitles the participant to pursue certification for three (3) years from the enrollment date and collection of study materials. Study materials to be provided include Study Guides and corresponding references provided on CD-ROM and online. The enrollment fee alone does not cover the examination fee, unless you purchase the enrollment package described on page 2 of this application.

I certify that I have received, read, and understand the CAFM Information Booklet, and that I meet all standards for eligibility contained therein to participate in this program. I acknowledge that, upon payment of the enrollment fee and your acceptance of this application, I will be enrolled to pursue certification for three (3) years from the enrollment date, provided that I comply with all requirements of the CAFM program. I acknowledge the obligation to advise the CAFM program of ANY change of address.

SIGNATURE

DATE



Enrollment Fee

I acknowledge my enclosed payment will be processed upon the acceptance into the CAFM Program.

Signature _____

Date _____

Fee Structure	Member	Non-member
Enrollment Only	\$ 1,079.00	\$ 1,699.00

Enrollment does not include exam sittings. Applicants must still register for the examination by filling out an exam application. This agreement includes 1 (one) free exam to enrollees.

Payment:

- Charge My:
 American Express
 Mastercard
 VISA
 Check is enclosed and made payable to **FLEETPROS**

Card Number _____

Exp Date _____

Card Billing Address _____

Card Holder Name _____

Security Code _____

Billing Zip Code _____

Card Holder Signature _____

Date _____

Submission:

Please send your application and FULL Payment to:
 FleetPros
 CAFM Program
 2820 Walton Commons, Suite 103
 Madison, WI 53718

Or Email to:
 Attn: Heather Dyer
 Subject: CAFM / CAFS Program
business.manager@fleetpros.org

FOR OFFICE USE ONLY

M NM INFO: _____ INITIAL: _____ Date: _____

FROM: FleetPros _____

A / D A-DATE: _____ V: _____

PP-V: _____

D: _____

XG-DATE: _____

INITIAL: _____