

CMA Professional Certification Program Registration

List at least 3 client references, including full contact information:

1. _____

2. _____

3. _____

List all Local, State and National Licensing and ID numbers, including the contact information for the issuing authority (License number, FEIN, Commercial Registration ID Numbers, Local registrations, occupancy permits or other licenses etc.):

List any additional comments:

Payment Method (Select one): Check Pay online via Paypal

By submitting the above information, the applicant understands that all information supplied may be reviewed and verified at any time by the CMA and/or its Certification Committee, and that application to the CMA Professional Certification Program is subject to the acceptance of the CMA and its Certification Committee. The applicant affirms that the above statements are truthful and agrees to abide by the terms and conditions of the CMA Professional Certification Program. etc.)

Date: _____

Signature: _____

Mail completed form to:
CMA Executive Director
PO Box 14276
Milwaukee, WI 53214-0276

For any questions, please contact:

Dave Grulke
Executive Director Cabinet Makers Association
email: director@cabinetmakers.org