



PDMM RECERTIFICATION APPLICATION

 NAME

 TITLE OR POSITION

 BUSINESS NAME

 MAILING ADDRESS

 CITY STATE ZIP

 DAYTIME PHONE

 DAYTIME FAX

 EMAIL (confirmations will only be sent by email)

 WEB ADDRESS

<p>Fees:</p> <p>AADMM member at \$150 \$ _____</p> <p>Non-member at \$200 \$ _____</p> <p>Total amount of payment \$ _____</p> <p>Method of Payment:</p> <p><input type="checkbox"/> Payment made by Check or Money Order (Make payable to AADMM)</p> <p><input type="checkbox"/> Payment made by Credit Card</p>	<p>Credit Card information:</p> <p>(We accept only) VISA _____</p> <p>MasterCard _____</p> <p>_____</p> <p>Name on card (Please print)</p> <p>_____</p> <p>Account number</p> <p>_____</p> <p>Exp. date _____</p> <p style="text-align: right;">Signature</p>
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**RECERTIFICATION APPLICATION
CON'T.**

Course Name	Course Date	Approved by AADMM (yes, no or pending)	Payroll, Finance & Bookkeeping CEUs	Standards of Practice & Types of Expenses CEUs	Ethics CEUs	Total Number of CEUs
2008 AADMM Conference	November 7-9	Yes	2	2	1	5
					Total CEUs:	

Checklist of items needed to be submitted:

- Re-Certification Fee
- Course Documentation (Certificate of completion/PDMM CEU Attendance Form and Email of acceptance on courses given by other providers)
- Completed Application

****Applications should be submitted in 30 days prior to expiration date.***

To MAIL payment, send completed form with check or money order payable to AADMM: AADMM Registration Office 174 Crestview Drive Bellefonte, PA 16823 TOLL FREE: 877-326-5991 EMAIL: info@aadmm.com