

Recertification Extension Request

Recertification Forms will not be processed without appropriate fee.

REQUEST AN EXTENSION

1. CSB File #: _____

BCMA Member? Yes No

2. Name: _____
LAST FIRST MIDDLE

3. Title: _____

4. Company: _____

5. Mailing Address Preference: Home Business

6. Business Address: _____

City: _____ **State/Prov:** _____ **Zip/Postal Code:** _____

Home Address: _____

City: _____ **State/Prov:** _____ **Zip/Postal Code:** _____

7. Phone (Office): _____ **(Home):** _____ **Fax:** _____

Email: _____

8. Fees:

Standard Recertification Fees

<u>Member Status</u>	<u>Standard Deadline</u>
BCMA Member	<input type="checkbox"/> \$60.00
Non-Member	<input type="checkbox"/> \$225.00

Recertification Extension Fees
(in addition to standard fees)

<u>Member Status</u>	<u>Extension Request (6month)</u>
BCMA Member	<input type="checkbox"/> \$35.00
Non-Member	<input type="checkbox"/> \$150.00

9. Method of Payment: Check American Express MasterCard Visa Invoice Me

Card Number: _____ **Expiration Date:** _____

Signature: _____

Forward signed Recertification Extension Request Form and choose how the Recertification Extension fee should be processed above & mail to:

American Society of Credit & Collection Professionals
 C/O Business Credit Management Association
 PO Box 510157
 New Berlin WI 53151
 Phone: 262.827.2880
 Fax: 262.827.2899
 admin@wcacredit.org
www.creditsociety.org

FOR BCMA OFFICE USE ONLY

CC/CK# _____
 ID# _____
 AMT \$ _____
 LB DATE _____

Use this form to request an extension of (6) months to obtain additional CPE's required for Recertification.