



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

Fees:

AADMM member at \$150 \$ _____

Non-member at \$200 \$ _____

Total amount of payment \$ _____

Method of Payment:

____ Payment made by Check or Money Order
(Make payable to AADMM)

____ Payment made by Credit Card

Credit Card information:

(We accept only) VISA MasterCard

Name on card (Please print)

Account number

Exp. date

Signature

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
					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