



CFMA MEMBERSHIP APPLICATION

General Member \$300

Associate Member \$400

Please return application and payment to CFMA Headquarters: CFMA • 29 Emmons Drive, Suite F-50, Princeton, NJ 08540 • Phone: 609.452.8000 • Fax: 609.452.0474 • Web site: www.cfma.org



In accordance with the FCC regulations, I give CFMA permission to Fax and/or E-mail me, _____, or my organization/company, _____, at the fax/E-mail listed below in order to provide me with information on future CFMA events, services, or other activities.

PERSONAL INFORMATION

Name _____

Date of Birth ____/____/____ Male Female

Home Address _____
STREET

CITY STATE ZIP+4 REQUIRED

Social Security # _____

Nickname for Badge _____

High School 2 yr. College 4 yr. College Post Graduate

EMPLOYMENT INFORMATION

Company Name _____

Address _____
STREET

CITY STATE ZIP+4 REQUIRED

Phone () _____

Fax () _____

E-Mail _____

Title _____ How Long in Position? _____

LIST TOP 5 SIC CODES: (Codes listed on other side)

1. _____ 3. _____

2. _____ 4. _____

5. _____

GENERAL MEMBERS ONLY (Check One)

General Contractor Construction Management

Sub/Specialty Contractor Heavy/Highway Contractor

Architect/Engineer Suppliers - Materials/Equipment

Real Estate Developer Other _____

ASSOCIATE MEMBERS ONLY (Check One)

Public Accounting Law Practice

Banking & Finance Software/Hardware

Surety & Bonding Consulting (specify) _____

Insurance Agency/Carrier Other _____

YOUR AREA(S) OF RESPONSIBILITY (Check All That Apply)

Office Management Treasury/Banking/Cash

Human Resources Taxes

Contracts/Legal Payroll

Employee Benefits Financial Statements/Supporting Data

Bonding Relationships Risk Management

Project Accounting Other _____

Management Information Systems

GROSS REVENUE/SALES (Check One)

Less than \$1,000,000 \$25,000,001 to \$50,000,000

\$1,000,001 to \$10,000,000 \$50,000,001 to \$100,000,000

\$10,000,001 to \$25,000,000 \$100,000,001 and above

EMPLOYEES

Total Number of Employees _____ Number of Employees You Supervise _____

Union Non-Union Both

HISTORY

The Year You Began Working in the Construction Industry? _____

Other National Organizations You/Your Company Belong To:

CICPAC ABC NAWIC AICPA IRMI

AGC NACM ASA MBA Other: _____

WHO WILL PAY YOUR CFMA DUES?

COMPANY SELF

RESPONSIBILITY FOR PURCHASING (Check All That Apply)

Computer Hardware/Software Vehicles/Equipment

Office Equipment _____

MAJOR CHALLENGES

(Please rank from greatest to least — 1 being greatest)

___ Accounting Procedures/Controls Technology

___ Human Resources (Employee Benefits) Manpower Shortages/Training

___ Insurance/Risk Management Surety Bondings

___ Material Shortage Financial/Banking

___ Legal Other, please list: _____

___ Safety/OSHA _____

___ Tax/Legislative Issues _____

HOW DID YOU HEAR ABOUT CFMA? (Check One)

Referred by CFMA Member Received Information in the Mail

Visited Web site Attended CFMA National Conference

CFMA Publication (Check All That Apply)

Financial Survey Matthew Bender

Computerization Survey CFMA Building Profits

Attended Co-Sponsored or Recommended Conference

AGC/CFMA AICPA IRMI

Other: _____

WHY ARE YOU JOINING?

(Please rate: Very Important=Very Imp., Important=Imp. & Not Important=Not Imp.)

	VERY IMP.	IMP.	NOT IMP.
Source & Resource for Construction Financial Professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility (CFMA e.g. Web site/staff, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credibility of CFMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CFMA Building Profits magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Targets Construction Financial Managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Networking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPE Credits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Gatherings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Chapter Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affinity Programs (credit card/car rental & hotel discounts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Issues (legislative/tax)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Introduced to CFMA by: _____

CHAPTER & DUES INFORMATION

Chapter Name, if known _____

NOTE: CFMA dues are \$300 for General Members and \$400 for Associate Members in U.S. currency for the Association year ending March 31. Persons applying for membership between October 1 and December 31 should remit one-half of the annual amount for six months.

CFMA Dues \$ _____

Int'l Postage Fee \$35 (if applicable) \$ _____

Chapter Dues (if applicable) \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Signature _____ Date _____