

2010 NACFS CERTIFICATION APPLICATION

PLEASE PRINT

Name: _____

Home Address: _____

Street Address

City

State

Zip

Business Address: _____

Street Address

City

State

Zip

Home Phone () _____

Business Phone () _____

E-Mail Address _____

Cell Phone () _____

Church Name: _____

Local Chapter Name: _____

No. of Years Experience _____

CHECK ONE:

CHECK ONE:

FEE ENCLOSED:

New Certification _____

Level I _____ Level II _____

New \$50.00 _____

Retiree _____

Renewal Level I _____

Renewal \$25.00 _____

Renewal Level II _____

Renewal \$25.00 _____

Make Checks payable to: NACFS and mail to Certification Chairperson

I verify I have completed the required formal and academic training for the above certification position level.

Applicant

Date

I verify the above applicant has completed the required formal and academic training for the above certification position level

Signature of Applicant's Supervisor

Date

Pastors name _____

Business Administrators name _____

FOR OFFICE USE ONLY: CK _____ DATE APPROVED BY NACFS _____