



FACM
Membership Application &
Course Challenge Request Form

CONTACT INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Business Phone: () _____

E-mail Address: _____

Position: _____

Office/Company _____

MEMBERSHIP APPLICATION

Regular:	\$40.00	Regular Renewal:	\$25.00
Associate:	\$40.00	Associate Renewal:	\$25.00
Subscribing:	\$50.00	Subscribing Renewal:	\$40.00
Student:	\$5.00	Student Renewal:	\$5.00
Retired:	\$5.00	Retired Renewal:	\$5.00

COURSE CHALLENGE Please select the course you will be challenging:

FACM COURSE 1	FACM COURSE 2	FACM COURSE 3	FACM COURSE 4
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Yes No Purchase Course Book Please mark if you're a current FACM Member

Please enter a desired location and date for your challenge exam:

LOCATION: _____

Date: _____

NOTE:

All applicants must secure their own proctor and notify the Education Chairman with name and address of proctor so that test materials can be delivered to the proctor in the allotted time period. By signing this form, the student acknowledges their understanding that there may be some questions on the test that can only be answered from work done during in the classroom setting, therefore the student may not be able to answer some questions correctly, or at all. Please see WWW.FACM.ORG for additional details.

Signature: _____ **Date:** _____

Cost:
 FACM Members:
 Course Books \$50 Test (1st time) \$125
 Re-Test (each time there after) \$125

Non FACM Members:
 Course Books \$100 Test (1st time) \$250
 Re-Test (each time there after) \$250

* Please return this form with payment enclosed*

Payment Enclosed: \$ _____

Make checks payable to:
FACM (Florida Association of Cadastral Mappers, Inc)

Mail payment and application to:
FACM Treasurer
P.O Box 2614
Inverness, FL 34451
Attn: Education Chairman ← (for Course Challenge only)