

FACM
Membership Application
&
Course Challenge
Request Form

Name: _____

Company: _____

Position: _____

Mailing Address: Street _____

City _____ **State** _____ **Zip** _____

Phone: Business () _____ **Home** () _____ **Email** _____

Please circle one: 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

Please mark if you're a current FACM Member

Please select the course you will be challenging:

___ **FACM 1** ___ **FACM 2** ___ **FACM 3** ___ **FACM 4**

Course Book if desired: **Yes / No** please circle

Please give a date that you intend to take the exam.

DATE: _____

Location of Desired Test: _____

NOTE:

All applicants must secure there on proctor and notify the Education Chairperson in a timely manner of the proctor so as the proper test materials can be delivered to the proctor in the allotted time period. All applicants must take the Exam within 30 days of receipt of materials or of intent to test without book with a desired date. Please see all rules pertaining to this at FACM.org

Signature: _____

Date: _____

Cost:

FACM Members only:

Course Books \$50

Test (1st time) \$50

Re-Test (each time there after) \$25

Non FACM Members:

Course Books \$100

Test (1st time) \$100

Re-Test (each time there after) \$50

Membership Dues

* 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

PO Box 881426

Port St. Lucie, FL 34988-1436