

Club Managers Association of Europe



Certified Club Manager (CCM) Registration Form

1) Please Complete Your Personal Details:

Surname:			
First Name:		Membership Number:	
Job Title:			
Club Name:			
Club Address:			
Club Tel Number:			
Email Address: (for correspondence)			
Mobile Tel Number:			
Home Address: (only required if you wish CMAE correspondence to be sent to your home)			

2) Please complete ALL 3 SECTIONS of the 'Credits Claim Form' on page 2 of this document with details of all of the Education Credits and Association Credits you feel you are entitled to in the five years prior to the date of this application. Please feel free to continue onto further pages as required.

3) Please sign and date the declaration below; retain a copy of all pages and submit the original copy, together with your Registration Fee of £50.00 or €75.00 (cheques made payable to the CMAE) to the CMAE office:

Club Managers Association of Europe
Elmwood College International Office,
12 The Links, St Andrews, Fife, KY16 9JB, United Kingdom
Email: Sharon.reekie@cmaeurope.plus.com Fax: +44 1334 460859

I hereby register to take the CMAE's Certified Club Manager examination and warrant that the details of my academic and professional history shown on the attached pages are accurate and factually correct. I understand that if successful, I will be awarded the 'CCM' designation for five year period and will be required to fulfil the terms of the CMAE's Continual Professional Development programme to be eligible to retain my CCM status over this period..

Signature

Date.....

Club Managers Association of Europe



Certified Club Manager (CCM) Credits Claim Form

Please complete with as much information as possible. The more information you can provide, the more likely it is that the CMAE will be able to verify your claim and award you with your credits. Any claims that cannot be verified by the CMAE may not be accepted.

Applicants Name: _____

SECTION 1: EDUCATION CREDITS (Minimum Requirement 250)					
No	Course/Event Title	Venue & Date	Event Organiser	Credits Claimed	Office Use Only
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
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19					
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21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
Total Education Credits Claimed					

Please insert more rows if required.

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Applicants Name: _____

SECTION 2: ASSOCIATION CREDITS (Minimum Requirement 50)					
No	Activity	Venue & Date	Association	Credits Claimed	Office Use Only
1					
2					
3					
4					
5					
6					
7					
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25					
26					
27					
28					
29					
30					
Total Association Credits Claimed					

Please insert more rows if required.

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Certified Club Manager (CCM) Credits Claim Form

Please complete with as much information as possible. The more information you can provide, the more likely it is that the CMAE will be able to verify your claim and award you with your credits. Any claims that cannot be verified by the CMAE may not be accepted.

Applicants Name: _____

SECTION 3: ADDITIONAL CREDITS (Either Education OR Association Credits. Minimum Requirement 50)					
No	Course/Event Title (ECs) or Activity (ACs)	Venue & Date	Event Organiser (ECs) or Association (ACs)	Credits Claimed	Office Use Only
1					
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29					
30					
Total Additional Credits Claimed					

Please insert more rows if required.