



Tax Identification No. 91-1775160

Membership Application Form

Application date: _____
SVTMA Annual Dues: \$ 250.00

Fill out and mail your application and check to:

SVTMA
Jeanne Castro Schmidt
5207 Crestline Way
Pleasanton, CA 94566

Applicant name: _____

Title: _____

Functional Area: _____

Company Name: _____

Mailing Address: Home ___ Business ___

Telephone: (____) _____ Fax: (____) _____

E-mail Address: _____

Membership type: Practitioner Member ("user") _____ Associate Member ("vendor") _____

AFP Member? Yes ___ No ___ AFP Membership No. _____

During what year did you become involved in the Treasury profession? _____

CCM: Yes ___ No ___

Permanent CCM: Yes ___ No ___

Other Certification: _____

Indicate Industry:

Academic ___ Education ___ Energy ___ Government ___

Insurance ___ Manufacturing ___ Real Estate ___ Retail ___

Services ___ Utility ___ Other _____

Please indicate your areas of interest (for speakers):

For SVTMA use only:

ID #: _____ Date Rec'd: _____ Date Approved: _____