



RMM-CMM EMERITUS APPLICATION

Name: _____ Email: _____
(Please print) *(Please print)*

Mailing Address: _____

City | ST | ZIP : _____

Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

Company/Family Trust: _____

NARO Membership Number: _____ (if known)

Please sign, date, and return this form with appropriate one-time, non-recurring \$50.00 fee to:

NARO Foundation –Certification Committee
7030 S. Yale Ave., Suite 404 | Tulsa, OK | 74136
Phone: (918) 794-1660 | Fax: (918) 794-1662 | registrar@naro-us.org

PAYMENT

- Check Enclosed – Please make checks payable to “NARO Foundation”
- Credit Card - Contact the NARO office

I certify that I am and will remain a NARO member in good standing, I am currently a CMM
RMM I have been a RMM/CMM for at least 10 years and I no longer receive compensation for my
services. I further understand and agree that if the RMM/CMM Emeritus designation is approved, I
will use “RMM Emeritus” or “CMM Emeritus” in all written and spoken exchanges.

(Signature) **(Date)**

OFFICE USE ONLY

Annual NARO Membership verified: _____ years Certification verified: _____ years
Emeritus fee paid: _____ Date: _____
Approved By Certification Committee:
