



**California Association of Community Managers, Inc.
MASTER OF COMMUNITY ASSOCIATION MANAGEMENT**

MCAM Certification Application

FOR CACM USE ONLY	
Member ID #	
Applicant Name (Last, First)	
Application Approved By	
Date Approved	

Applicant Last Name		Applicant First Name		Middle Initial	
Have you ever held membership in CACM under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, under what name?			
Business or Association Name		Title			
Email Address		Business Telephone			
Business Address		City/State/Zip Code			
Name/Title of Immediate Supervisor		Supervisor Email Address			
Do you hold a CCAM designation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Did you complete INS 300 – Advanced Insurance Principles and INS 400 Risk Management? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did you complete BDA300 Fundamentals of Effective Governance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you complete FIN 320 – Strategic Financial Planning? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did you complete LDR 400 – Human Resource Management and LDR 550 – Ethics Mastery? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you possess other professional designations/licenses (e.g., CPM, PCAM, CPA, Broker)? (Attach additional sheet if necessary)					
Designation/License		Issuing Agency		Number and Expiration Date (If Applicable)	
_____		_____		_____	
_____		_____		_____	
Association(s) you manage:			Indicate your function(s) and % of time spent:		
	Total # of Units	Number of Months Managed			
Condominium	_____	_____	<input type="checkbox"/> Association Manager	_____	%
PUD(s)	_____	_____	<input type="checkbox"/> Supervisor of Association Managers	_____	%
Co-Op/ Community/Apt(s)	_____	_____	<input type="checkbox"/> Other (Describe):	_____	%
Signature of EMPLOYER verifying accuracy of information above is REQUIRED . (If unattainable, attach separate sheet with specific explanation)					
Signature		Date		Print Name	



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PLEASE READ AND ACKNOWLEDGE BY SIGNING BELOW

This application is submitted to CACM with the understanding that:

1. The information provided will be used to assist CACM in judging the applicant's eligibility for MCAM status.
2. Additional information that may be required by CACM shall be supplied promptly upon request.
3. The information provided is complete and correct to the best of the applicant's knowledge.
4. The information will be considered confidential, except as may be required to process and approve the application.
5. There are no actions charged against the applicant or challenges to the applicant's responsibility, character or integrity.
6. Any information or comment furnished to CACM by any person or response to an invitation to provide information shall be conclusive, deemed to be privileged, and not form the basis of any action by the applicant for slander, libel or defamation of character. CACM reserves the right to document all information contained herein.
7. The applicant agrees to waive any and all claims against CACM, its officers, directors, employees, agents, attorneys, and members arising out of any act or omission in connection with the consideration, rejection or acceptance of this application, or any act or omission by CACM in disappointing the applicant if the application is not approved, including any suspension or expulsion of the applicant as an MCAM program applicant.
8. The applicant wholeheartedly subscribes to the official CACM Code of Professional Ethics and Standards of Practice.
9. The applicant understands he/she must be currently employed in the practice of (or seeking employment as) a community association manager.
10. The applicant understands his/her responsibility to provide CACM with current place of business and any change thereto.
11. The applicant understands and agrees to permit the Professional Standards Committee to review this application and any attachments thereto or subsequent information submitted or obtained related thereto, and investigate any portions thereof as it may deem necessary.
12. The applicant understands that if his/her membership or certification is terminated as a result of a disciplinary action by the Professional Standards Committee, he/she will not be eligible to reinstate or reapply for either.

In addition to the foregoing, each member shall have the duty and responsibility to arbitrate controversies arising out of management contracts and the community association management business with any and all forms of associations as specified in the Code of Professional Ethics and Standards of Practice.

Signature _____ Date _____

Signature of applicant verifies the accuracy of this application and acknowledges the applicant has read the rules and regulations stated above and authorizes CACM and/or its agents to verify all items listed above.

California Association of Community Managers, Inc.SM

23461 South Pointe Drive, Suite 200, Laguna Hills, CA 92653 | certification@cacm.org | 949.916.2226 | www.cacm.org



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MCAM Certification Application Fee Form

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Certification Application Fee: \$150 (Member) / \$250 (Non-Member)

Applicant Last Name	Applicant First Name	Applicant Middle Initial
Business or Association Name	Title	
Business Address	City/State/Zip Code	
Business Telephone	Email Address	

Check Enclosed (do not staple check to form)

Visa

MasterCard

Discover

Amex

CARD NUMBER	EXPIRATION
CVV NUMBER	BILLING ZIP CODE
CARDHOLDER NAME	
SIGNATURE (REQUIRED)	

Please email application and fee form to certification@cacm.org

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