

Master Community Manager Application (MCM)

COMMUNITY MANAGERS INTERNATIONAL ASSOCIATION

PO Box 150, Laguna Beach, CA 92652

Email: CMIAManager@gmail.com

Phone: 1-949-940-9263

I hereby apply for a Master Community Manager (MCM) designation from the
Community Managers International Association

Note: See accompanying page which outlines the MCM requirements, qualifications, and fees.

Name: (Last) _____ (First) _____ (MI) _____ (Mr,Mrs,Ms) _____

Position Title: _____ Association: _____

Bus. Address: _____

City/State/Zip/Country: _____

Bus. Phone: (____) _____ FAX: (____) _____ Email: _____

Home Address: _____

City/State/Zip: _____ Phone (____) _____

SEND MAIL TO: [] OFFICE [] HOME

Professional Designations/Licenses: _____

Education: (Degree and College): _____

PETITION REQUEST FOR SUBSTITUTION OF EXPERIENCE FOR EDUCATION

Attach separate sheet indicating experience for substitution of education – must be in excess of MCM requirement

Years of experience in Community Association Management: _____

Professional Experience: (Include Job Title, Organization, # units, Address, Phone # and Time Period)

Current Position: _____

Previous Position: _____

Prior Positions: (May attach separate sheet if needed) _____

Professional References (Minimum two community association manager's name, address & phone or email)

1. _____

2. _____

Manager Workshops attendance: (year & place) _____

Other Professional Educational Events attended:

_____ Have you ever been convicted of a criminal

offense (felony or serious misdemeanor), filed for bankruptcy or have pending litigation? No Yes If answered yes,

summarize. _____

I authorize CMIA, or its agents, to investigate and/or obtain information from credit reporting agencies, employers and public records.

I certify the above information to be true and accurate. My check, payable to CMIA, is enclosed.

Mail to: CMIA, P.O. Box 150, Laguna Beach, CA 92652.

Applicant signature: _____ Social Security #: _____ Date: _____

CMIA OFFICE USE ONLY: Date Received _____ * Funds Received \$ _____ MEMBERSHIP NUMBER ISSUED # _____

MISSION STATEMENT

To establish a CMIA Master Community Manager (MCM) Designation for On-Site Large-Scale Managers. The designation will be available from CMIA to its members and be based on a proven experience as an on-site manager combined with formal college education and/or achievement of designations or completion of educational courses from other related professional organizations.

Designation Title: Master Community Manager (MCM)

MCM Requirements and Qualifications:

Education: Attainment of PCAM, CPM or CCM. Five years' experience as manager of an on-site large-scale association may be petitioned as a substitution for education. Other related or State organization designations may be petitioned for all or partial credit by the CMIA Designation Committee.

Experience: At the time of application evaluation, must currently be managing a CMIA defined Large-Scale Community and have at least five years' experience managing a Large-Scale Development within the last ten years. Experience substituted for education may not be counted as also qualifying under experience.

Application Content and Professional Endorsement: Each designation application shall include a complete employment and education history, social security number, endorsement by two professional community managers and an authorization by the applicant for CMIA to check employment, criminal and credit history.

Workshop Attendance: Must have attended at least two manager workshops, at least one of which must be a CMIA workshop.

Maintaining Designation: Designation is permanent as long as membership in CMIA is maintained and the designation is not revoked due to a criminal conviction involving an Association or moral turpitude. Designates must attend at least one CMIA Manager's Workshop every three years.

Designation Committee: A CMIA Designation Committee shall consist of a minimum of three CMIA members and as many additional area representatives the Committee deems necessary to validate certification applications. The Designation Committee shall validate application information and recommend approve or denial of applications to the Board of Directors. Any designation issue or requested requirement substitutions.

Fees: Designation Application - \$200* Requirement substitution requests - \$100*

**Please remit all payments in US Currency*