



American Purchasing Society
Association of Distribution and Warehouse Management

**UPDATE APPLICATION FOR
CERTIFIED PROFESSIONAL IN
DISTRIBUTION AND WAREHOUSING**

Please type or print clearly and provide the information requested below.

NAME _____ BIRTH DATE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRESENT COMPANY AFFILIATION OR EMPLOYMENT _____

TITLE _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS TELEPHONE () _____ HOME TELEPHONE () _____

FAX () _____ E-MAIL _____ CITIZEN OF _____

TYPE OF BUSINESS _____

I hereby apply for certification update from the American Purchasing Society as a fully qualified and professional practitioner and swear that all statements made by me on this form, to the best of my knowledge, are true and factual. I agree to and permit any investigation into my background that the American Purchasing Society deems necessary. I understand that I must at all times conduct myself in a businesslike and ethical way and if I do not, or if it is later discovered that there are any false statements or deception in submitting this form, an awarded certification may be revoked.

Date _____ Applicant's Signature _____

Processing Fees (Remittance must accompany application and is non-refundable)

CPDW Update Application Processing Fee: Member \$100 Nonmember \$150 _____

Managing Inventory - Maintaining the Proper Level: Member \$129 Nonmember \$154 _____

Total Enclosed \$ _____

Please remit with this completed form to:
Certification Secretary
American Purchasing Society
North Island Center
8 E. Galena Blvd., Suite 406
Aurora, IL 60506

PAYMENTMETHOD

Check Amex  MC Visa  # _____ Exp.Date _____

Name on Card: _____ CCVNumber _____

Card Billing Address: _____ City _____ State _____ Zip _____