

American Purchasing Society Association of Distribution and Warehouse Management

APPLICATION FOR RECOGNITION AS A CERTIFIED PROFESSIONAL IN DISTRIBUTION AND WAREHOUSING

Please type or print clearly and provide the information requested below.			
NAME	BIRTH DATE		
HOME ADDRESS			
CITY			
PRESENT COMPANY AFFILIATION OR EMPLOYMENT			
TITLE			
RUSINESS ADDRESS			
CITY	STATE ZIP		
BUSINESS TELEPHONE () HO			
FAX () E-MAIL			
TYPE OF BUSINESS			
Please answer the following questions.			
	our highest grade completed, if you graduated, dates attended, degree anding in the class if known. Submit confirmation of your attendance		

- and diploma or degree earned. List any other or additional courses or seminars you have taken.
- 2. Please submit a complete resume giving sufficient detail to indicate or measure your progress, managerial ability, and business exposure. Be sure to give dates of employment, your official title, and name and title of your immediate supervisor. Indicate the number of people you supervised in each position, if any.
- 3. Do you believe you are financially responsible in both your business and personal affairs? If you were taking a job as president of a bank, what evidence could you show as examples of your financial trustworthiness?

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continued from front

4. Have you ever declared bankruptcy? If so, please give the date, the jurisdiction and the circumstances. Certain financial situations can disqualify a candidate from earning certification.			
5. Have you ever been convicted of a felony? Answer yes or no. If y state, sentence and current status. Conviction of a felony will us			
6. Do you belong to any professional organizations and clubs? W	Vhat are they?		
7. Why are you applying for certification? If certified, will you supp program? In what way?	ort the American Purchasing Soc	riety and its certification	
Submit comments or explain any entry above deemed necessary fo	r clarification. Submit any other	data you feel pertinent.	
Ihereby apply for certification from the American Purchasing Society that all statements made by me on this form, to the best of my kno investigation into my background that the American Purchasing Soci conduct myself in a businesslike and ethical way and if I do not, or i or deception in submitting this form, an awarded certification may be	wledge, are true and factual. I a ety deems necessary. I understar f it is later discovered that there	agree to and permit any ad that I must at all times	
Date Applicant's	Signature		
Processing Fees (Remittance must accompany application and is n	non-refundable)		
CPDW Application Processing Fee: Member \$195 Nonmember \$2	250	Please remit with this completed form to: Certification Secretary	
Preparation for CPDW Exam: Member \$230 Nonmember \$250 American Purchasing Socie North Island Center			
CPDW Exam: (If courses taken individually, not through prep course)	se) \$80	8 E. Galena Blvd., Suite 203 Aurora, IL 60506	
Tot	al Enclosed \$		
PAYMENTMETHOD			
Check Amex Mastered MC Visa VISA #_		Exp. Date	
Name on Card:	CCV Number		
Card Billing Address:	City	State Zip	