

# APPLICATION TO AUDIT AAADM TRAINING COURSE

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS.

Name of Individual Applicant: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Address: [Street Address, not P. O. Box] \_\_\_\_\_

City, State, and Postal Code: \_\_\_\_\_

Applicant's Employer Name: \_\_\_\_\_

Business Address: [Street Address, not P. O. Box] \_\_\_\_\_

City, State, and Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

SEND CERTIFICATE TO  HOME ADDRESS  BUSINESS ADDRESS (CHECK ONLY ONE.)

Applicant Occupation:  Maintenance  Architect  Sales  Consultant  Other

Date and Location of AAADM Inspector Training Course (in order of preference):

Date of Class	AAADM Member Company Providing Training	City/State

**Applicant Name:** \_\_\_\_\_ **Applicant Signature:** \_\_\_\_\_  
[PLEASE PRINT]

**Date:** \_\_\_\_\_

## AAADM Member Training Coordinator Approval

**Coordinator Name:** \_\_\_\_\_ **Coordinator Signature:** \_\_\_\_\_  
[PLEASE PRINT]

Along with this application, applicant must submit a check payable to AAADM for the training course fee of **\$250.00**.

If you are paying by credit card, provide the card holder name below and click on link that follows:

Card Holder Name \_\_\_\_\_ <http://www.aaadm.com/paypal/certification.htm>

**Please do not provide your credit card information to the association office. All credit card payments must be made online through PayPal. You will receive a receipt for your payment via e-mail from PayPal.**

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PHONE: 216-241-7333 FAX: 216-241-0105 E-MAIL: [AAADM@AAADM.COM](mailto:AAADM@AAADM.COM)