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: _____

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 Trainer / Coordinator Approval

Trainer/Coordinator Name: _____ **Signature:** _____
[PLEASE PRINT]

Along with this application, applicant must submit a check payable to AAADM for the training course fee of **$350.00**.

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.

AAADM, 1300 SUMNER AVENUE, CLEVELAND, OH 44115-2851
PHONE: 216-241-7333 FAX: 216-241-0105 E-MAIL: AAADM@AAADM.COM