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## NOTICE OF CM MONITOR APPOINTMENT

To: Director, Training and Testing

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

From Secretary (Name) \_\_\_\_\_

Chapter Name \_\_\_\_\_

Number \_\_\_\_\_

**This is to notify you that the Certificate Member named below has been appointed by our Chapter President to Monitor our Chapter CM examinations. This appointment is for a three (3) year term.**

Name: \_\_\_\_\_ Member No. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail \_\_\_\_\_