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NOTICE OF CM MONITOR APPOINTMENT

To: Certification Department Date: _____

From: Secretary (Name) _____

Chapter Name: _____ Chapter 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 Number: _____

Address: _____

City, State/Province: _____

Zip/Postal Code: _____ Country: _____

Day Phone: _____ Fax: _____

E-mail Address: _____