



FELLOW

Investment Recovery Association • P.O. Box 419264
Kansas City, Missouri 64141 • 816/561-5323

Certified Manager of Investment Recovery (CMIR) Application

Make professional excellence your goal today!

CMIR Fellow

The awarding of "CMIR Fellow" status is given to individuals who have met the following requirements:

1. Have been a Certified Manager of Investment Recovery (CMIR) for a minimum of five (5) years
2. Have obtained CMIR Recertification at least once.
3. Can Demonstrate that:
 - a. You have been an active member of the Investment Recovery Association and have had life experience in the Investment Recovery profession for a minimum of ten (10) years.
 - b. You have contributed to the professional development of others and the Investment Recovery Association.
4. You have submitted a "letter of request" accompanied with this completed CMIR Fellow application to the CMIR fellow committee for review and further recommendation to the Board of Directors for awarding the Fellow status.

CONFIDENTIAL

Investment Recovery Association's CMIR Fellow Committee

Investment Recovery Association
P.O. Box 419264
Kansas City, Missouri 64141
(816) 561-5323 • Fax: (816) 561-1991

PERSONAL DATA FORM
CMIR Fellow

READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. PLEASE TYPE OR PRINT ALL ENTRIES.

IDENTIFICATION OF APPLICANT

1. Name: _____
2. Title of Present Position: _____ Social Security Number: _____
3. Company Name: _____
4. Company (Description, i.e., Industry, Type): _____
5. Address: _____
City: _____ State: _____ Zip +4: _____
6. Company Telephone Number () _____ Fax: () _____
7. Home Address: _____
City: _____ State: _____ Zip +4: _____
8. Total Number of Years in Investment Recovery Management: _____

Prerequisites for Application

In making this application, I fully understand that in order to complete registration it will be necessary to complete this Personal Data Form with the necessary documents. I further understand and, by my signature, **I subscribe to the Investment Recovery Association Code of Ethics** with the knowledge that any false statement or misrepresentation may result in the revocation of this application and the issuance of a complaint of violation on said Standards.

Applicant's Own Signature: _____

Date: _____

DIVISION I - EXPERIENCE

(Minimum: Ten years experience)

POSITION TITLE

DATES SERVED

COMPANY NAME

**DIVISION II - CONTRIBUTIONS TO THE INVESTMENT RECOVERY ASSOCIATION
OR THE INVESTMENT RECOVERY PROFESSION**

(Minimum: Ten years experience)

AREA OF CONTRIBUTION

DATES

DIVISION III - ADDITIONAL INFORMATION

INCLUDE ANY OTHER INFORMATION THAT YOU FEEL SHOULD BE CONSIDERED WHEN EVALUATING YOUR APPLICATION.
