



## CPSM Reactivation Application

Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

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

Date Certification Lapsed \_\_\_\_\_

Date of Application for Reactivation \_\_\_\_\_

Membership Status  Member  Nonmember

Enclosed is a check in the amount of \$\_\_\_\_\_ payable to SMPS (\$100/member, \$200/nonmember)

Credit Card  Visa  MasterCard  American Express

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Send this form with payment, Recertification Application, and other required documents to:

SMPS CPSM Program  
123 N. Pitt Street, Suite 400  
Alexandria, VA 22314  
or fax 703-549-2498