



Please print this application and fax or mail your form **with fee or PO**, to:   
Fax machine is totally secure.

CMVA/ACVM Executive Director  
105 -150 Crowfoot Cres. NW, Ste. 877  
Calgary, AB, T3G 3T2  
Phone 403-208-9618. Fax # **403-208-9619**

|   |   |                          |                             |   |    |    |    |  |  |  |  |  |
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| #   | Expiry: <input type="text"/> <input type="text"/> |                          |                             | <table border="1"><tr><td>MM</td><td>DJ</td><td>YA</td></tr></table>  | MM | DJ | YA |  |  |  |  |  |
| MM  | DJ  | YA                       |                             |   |    |    |    |  |  |  |  |  |
| <b>Canadian Machinery Vibration Association</b> |   |                          |                             |   |    |    |    |  |  |  |  |  |
| Name(please print):                             |   |                          |                             |   |    |    |    |  |  |  |  |  |
| Cardholder's Signature                          |   |                          |                             |   |    |    |    |  |  |  |  |  |
| Description                                     |   |                          |                             | Total \$CDN <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |    |    |    |  |  |  |  |  |
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Receipts are emailed or faxed with the credit card number partly obscured. CMVA/ACVM Membership # \_\_\_\_\_

### Application for Certificate Examination

Membership in CMVA is *highly recommended*.

- Category 1
- Catégorie 1, en français
- Category 2
- Catégorie 2, en français
- Category 3 (requires Category 2)
- Catégorie 3, en français
- Category 4 (VI only) (requires Category 3)

#### Exam Date and Location:

\_\_\_\_\_ Wednesday AM October 29, 2008 in Niagara Falls, ON.

Where: \_\_\_\_\_

When: \_\_\_\_\_

**Entry Deadline: One month prior to exam date.**

**Fee is Cdn \$390. Re-Write (1 time) is \$260.** Tax exempt.

If (after the deadline) you cannot take the exam, a fee of \$50 is payable for administration. Remainder of money will be promptly refunded.

Please note: Refresher Training is extra -- see [www.cmva.com/training\\_certification](http://www.cmva.com/training_certification).

*Names of certificate holders may be published and released on request.*

**OR** (please print, if not a member or member info is wrong)

Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name and Branch \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Ext \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

By my signature below, I certify that I have read Section 5 of ISO 18436-2 "Requirements for Examination" (available for CMVA Members Only on [www.cmva.com](http://www.cmva.com)), and that I will have met those requirements by the time I write the exam. I further certify that I will adhere to the Code of Ethics on the second page of this form.

Signed \_\_\_\_\_

*If different, fax receipt to #*

*Please supply current Membership Number OR business card OR fill in this form:*

Note: Registrations are always acknowledged, so if you don't receive a reply, please call the office at 403-208-9618 or email [Val@cmva.com](mailto:Val@cmva.com).