



Certified Clinical Financial Auditor (CCFA) 3-Year Renewal Form

Please complete and fax or mail with your payment to the address included at the bottom of this two page form.

Name: _____

Phone (H): _____ (C): _____ (W): _____

Address: _____

City: _____ State: _____ Zip: _____

Personal Email Address: _____

Employer: _____

CCFA #: _____ Date Current CCFA certificate expires: _____

Name on the Certificate will appear as below:

Printed Name: _____

Signature: _____ Date submitted: _____

PAYMENT INFORMATION

Three(3) year Renewal fee is \$100.

Please FAX with credit card information to AAMAS at 414-768-8001.

- Check/Money order payable to AAMAS and mailed to:

AAMAS
7044 S. 13th St.
Oak Creek, WI 53154

- Credit Card:

Visa MasterCard Discover

Should American Express be your ONLY method of payment, please fill out the form and indicate you will pay by check/money order. We then ask you to call our finance department so they can hand process the payment. Phone: 414-908-4941 ext 105. Thank you! -The AAMAS Board.

Card Number: _____ Exp. Date: _____

Name on Card: _____ CVV Code: _____

Signature: _____

TOTAL: _____

Return this form with your payment. Checks or money orders (in U.S. dollars) payable to AAMAS, 7044 S 13th St. Oak Creek, WI 53154. Credit Card Payments can be faxed to AAMAS at 414-768-8001.