



Certified Chief Executive (CCE) Verification Form

Club Managers Association of America
1733 King Street • Alexandria, VA • 22314-2720
(703) 739-9500 • FAX: (703) 739-0124

I hereby certify that: _____ served as the
(First Name) (Last Name)
most senior-level staff member of the _____ with full authority over all personnel
(Club Name)
from _____ to _____ in the capacity of _____.
(Start Date) (Finish Date) (Title)

Name: _____ Date: _____

I hereby swear or affirm that the above information is complete and correct to the best of my knowledge.

Signature: _____ Date: _____

Sworn and subscribed before this _____ day of _____ in the year _____

Notary Public: _____

Updated 6/15