



AFFIDAVIT OF MID MODULE COMPLETION

Name of Participating Manager: _____

Telephone: _____ Business: _____ Other: _____

E-mail Address: _____

CMAA Member Number (if applicable): _____

Name of MID Module: _____

Club Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Name of MID Mentor: _____

CMAA Member Number: _____

I am a Certified Club Manager (CCM) as recognized by CMAA. Yes No

Certification Statement:

I have served as the MID mentor for _____ and have reviewed
(Name of Participating Manager)

his or her MID portfolio of activities for the above-named MID module, have completed and signed the MID Topic Review Form for the module, and have conducted an evaluation interview with him or her. In my professional opinion, the MID module has successfully been completed according to MID program requirements.

MID Mentor (please print): _____

Signature: _____ Date: _____

Please send this Affidavit of MID Module Completion to CMAA. Note: it can be printed, signed, scanned and e-mailed to *MIDcompletion@cmaa.org*, or it can be printed, signed and faxed to (703) 739-0124.