



AFFIDAVIT OF MID CERTIFICATE OF SPECIALIZATION COMPLETION

Name of Participating Manager: _____

Telephone: _____ Business: _____ Other: _____

E-mail Address: _____

CMAA Member Number (if applicable): _____

Club Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Name of MID Reviewer: _____

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 Portfolios for and conducted interviews applicable to the following four MID modules:

Module 1: _____ Module 2: _____

Module 3: _____ Module 4: _____

In my professional opinion, these modules have been successfully completed according to MID program requirements, and he or she should be granted the CMAA Certificate of Specialization for (check one):

- Club Management Essentials Private Club Operations Club Leadership

MID Mentor (please print): _____

Signature: _____ Date: _____

Please send this Affidavit of MID Certificate of Specialization 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.