©CNS-CP° Emeritus Status Application

To apply for CNS-CP(E) status, complete the information below and submit with a one-time fee of \$125 to CCI:

by mail: 400 Inverness Parkway, Suite 265, Englewood, CO 80112
by fax: (303) 695-8464
by e-mail: info@cc-institute.org

egal Name: Primary phone:			
Home Address:	Street	City	State Zip Code
E-mail Address:		,	·
	no longer wi		
	d \$125 fee have been received, yo		
Applicant Name:	licant Name: Signature:		
Please note: your signatu	re must be original. Print out the c	completed form to sign.	
Payment Method Option	Payment Info	ormation	
 Check or Money 0 Visa Mastercard Discover Card American Express 	Order (make payable to "CCI")		
Credit Card Payment:			
Credit Card Number		Exp Date	Security Code
Billing State:	Zip Code:	_ Amount to be charged to	o my credit card: \$125.0
Cardholder Signature:		Dα	ate· / /

