



Application for Grandfathering Michigan Chapter SGMP

Date: _____

Debbie Kopkau, President
Michigan Chapter SGMP
143 CadyCentre, Suite 249
Northville, MI 48167

Dear Ms. Kopkau:

I would like to obtain Certified Meeting Specialist through the Michigan Chapter SGMP. Please review my documentation and confirm my status for certification. I have enclosed the following:

- 1. This completed application for certification
- 2. Copy of current certifications
- 3. My job description
- 4. Grandfathering provision (see page 3)
- 5. Application fee \$30.00 made payable to Michigan Chapter SGMP

Submitted by (Name): _____

Title: _____

Company: _____

Street Address: _____

City, State, Zip Code: _____

Telephone: _____

Fax: _____

E-mail: _____

Signature: _____

**Michigan Chapter SGMP Use
Only:**

- Membership records:
Michigan Chapter SGMP
dues paid
- Application fee included

Grandfathering Provisions for Michigan Chapter SGMP Voluntary Certification Certified Meeting Specialist

Are you applying for Grandfathering?

Please check the box that applies.

- Received CMP – Wrap-up/Ethics Program
- 6-10 years of experience – 7 programs and Wrap-up/Ethics Session
- 11-15 years of experience – 4 programs and Wrap-up/Ethics Session
- over 15 years of experience – 2 programs and Wrap-up/Ethics Session

Verification by Immediate Supervisor or Executive Director

This is to certify that the undersigned has carefully inspected the information contained in this completed application; that said the applicant has correctly and accurately checked the areas of responsibility indicated on Page 2; and that all other information supplied is to the best of my knowledge, true and accurate.

Further, I certify that the applicant is known by me to possess a high degree of character and integrity and has demonstrated competence and proficiency in meeting planning assignments and responsibilities.

Signature: _____

Print or type Name: _____

Position: _____

Company: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

I certify to the truth and accuracy of all the statements and representations made in this application.

I hereby grant permission to the Michigan Chapter SGMP, its staff, and/or its Certification Committee to review and verify the information contained in, or in connection with, this application.

I, *(name of applicant)* _____, certify I am a current member and that the information in this application is accurate and correct to the best of my knowledge.