

Candidate - First Name _____ Last Name _____

P a y m e n t I n f o r m a t i o n

Note: To apply for accreditation providers must be enrolled in self-study or be re-accrediting providers that have completed their first & second annual updates.

Please send the completed NAFCC Accreditation Application with payment to:

Contact NAFCC

NAFCC
700 12th Street NW
Suite 700
Washington, DC 20005

Phone: 202-796-5700
Fax: 801-886-2325
accreditation@nafcc.org
www.nafcc.org

Fees are non-refundable and non-transferable.

Member

- \$45 **Membership Renewal Fee**
- \$525 **Application Fee**
- \$100 **Co-Provider Fee**

Total amount \$ _____

Non-Member

- \$735 **Application Fee**
- \$150 **Co-Provider Fee**

Total amount \$ _____

A personal check is enclosed. Check # _____ Make check payable to: NAFCC Accreditation

My accreditation fees are being paid by Agency/Project (specify) _____

Army Navy Air Force Other (specify) _____

Card # _____

Expiration Date _____

Name on Card (please print)

Billing Address

City

State

Zip

Signature _____

NAFCC is going green! Did you provide us your email? Receive accreditation updates, information regarding your process, and special promotions via email.

***Make sure we have a valid email address so you won't miss out.
Add us to your safe sender list.***

Email

Phone Number