

CHAPTER MEETING ATTENDANCE (CMA) FORM INSTRUCTIONS

Now that ASA members are responsible for keeping track of their reaccreditation credits themselves, record keeping is very important. For this reason chapter officers are responsible for providing a signed Chapter Meeting Attendance (CMA) Form to each attendee at the conclusion of each chapter meeting. Designated members should keep their individual CMA Forms in their personal records in case supporting documentation is needed for reaccreditation.

The Chapter Secretary shall continue to maintain minutes and attendee lists of all chapter meetings and shall provide meeting minutes and attendance reports that include attendee names and e-mail addresses to International Headquarters by e-mail to chapterinfo@appraisers.org or by fax to (703) 742-8471 after each event and/or meeting. **Note:** This documentation is for chapter governance only; these items will not be used to post credits to members' reaccreditation records.

Please contact Laura Wood at lwood@appraisers.org if you have any questions.



Chapter Meeting Attendance Form

This form was developed for your convenience to report chapter meeting attendance. It does not imply automatic acceptance by any appraisal organization. Each organization retains its own reaccreditation requirements and procedures for requesting credit. For ASA reaccreditation purposes, please maintain this document in your personal files in accordance with the Reaccreditation Guidelines. This form should be completed in its entirety.

This certifies that _____ *has*
Member's Name
attended Bimonthly chapter meeting with guest speaker
Title of Program/ Meeting
sponsored by American Society of Appraisers South Florida Atlantic Chapter 82
Sponsoring Organization/Chapter

Date of Meeting: _____

Location of Meeting: Tropical Acres Steakhouse

ASA Profession Activity (PA) Hours Granted: Two (2)

Description of Event: Bimonthly chapter meeting with guest speaker

Evidence of Completion: _____
Signature of Chapter Officer or Program Official

THIS SECTION FOR ATTENDEE USE ONLY

I certify that I have completed the above-described professional activity. I am aware that any misrepresentations by me may be subject to disciplinary action.

Signature of Member: _____

Date: _____ Member's Email Address: _____

11107 Sunset Hills Road, Suite 310 ~ Reston, VA 2019 0
Attention: **Reaccreditation Services Department**