



Retired Status Form

Name _____

Facility _____

Address _____

City _____ State _____ Zip _____

Ph. _____ Email _____

SFMA Member Number _____

I understand that by electing to retire my CSFM status, I must reference Retired whenever I use the CSFM designation.

EX 1: Joseph Smith, CSFM, Ret.

EX 2: Retired Certified Sports Field Manager Joseph Smith (in an article or press release)

EX 3: Certified Sports Field Manager, Ret., Joseph Smith (in an article or press release)

Signature

Date

FOR OFFICE USE ONLY

Approved _____ Date _____

3 Yr. Cycle end Date _____

Date notified _____