



CMTA CERTIFICATION APPLICATION

Application Date:	
Date you anticipate to begin the program:	
First Name:	Last Name:
Title:	Organization:
Address:	
Email:	Phone:

Select below which certificate you'd like to apply for:

CALIFORNIA TREASURY CERTIFICATE

- **\$25 Application Fee:** Due when the application is submitted. Payable to CMTA.
- **CFA Institute Investment Foundations™** – 180 days to complete from the date registration is completed
- **4 Hours of CMTA specialized training:** provide the documentation of completion

Program Costs: California Treasury Certificate (CTC) - \$125 Total
 \$25 - CMTA Registration/Application Fee
 FREE - CFA Institute Investment Foundations™
 \$100* - CMTA Specialized Online Training – Four Hours

* Approximation, costs vary

CERTIFIED CALIFORNIA MUNICIPAL TREASURER

- **\$25 Application Fee:** Due when the application is submitted. Payable to CMTA.
- **CFA Institute Investment Foundations™** – 180 days to complete from the date registration is completed
- **Fixed Income Academy Bond School** – 365 days to complete from the time session begins (*sessions begin on the first day of each quarter: January, April, July and October*)
- **8 Hours of CMTA specialized training:** provide the documentation of completion

Program Costs: Certified California Municipal Treasurer (CCMT) - \$1,180 Total*
 \$25 - CMTA Registration/Application Fee
 FREE - CFA Institute Investment Foundations™
 \$995 - Fixed Income Academy Bond School
 \$160* - CMTA Specialized Training – Eight Hours

I have received and reviewed the CMTA certification program overview. I understand that I am receiving a discounted rate to register in the required programs provided by third party education partners because of my affiliation with CMTA. My intention is to complete the requirements to earn a CMTA authorized certificate or designation. I understand that CMTA may receive information about me and my progress in the program(s) in order to monitor and support my successful completion of the certificate or designation.

Total Due: \$25.00	<input type="checkbox"/> VI <input type="checkbox"/> MC <input type="checkbox"/> DS <input type="checkbox"/> AX <input type="checkbox"/> Check Included (payable to: CMTA)		
Credit Card Number:	Exp. Date:	CVV:	
Card Holder Name:	Organization:		
Billing Address:			
Signature:			Date:



RETURN FORM AND PAYMENT TO:

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 Mail: 700 R Street, Suite 200, Sacramento, CA 95811
 Phone: 916-231-2144 - Fax: 916-231-2141