



CMSA Multi-State Licensure Subcommittee

Please complete the form using the spaces below, then save, and email or fax to CMSA.

Case Management Society of America
5034A Thoroughbred Lane | Brentwood, TN 37027
T 615.432.0101 F 501.421.2135 E cmsa@cmsa.org

Date: _____ Member Number: _____

Credentials: _____

Name: _____

Applicant Information

Home Address: _____

E-Mail: _____

Phone: _____

Employment Information

Employer: _____

Work Address: _____

Phone: _____

E-Mail: _____

Membership and Legislative Representation Information

Is Your CMSA Membership Current? Yes No (✓ one) Local CMSA Chapter Name: _____

Registered to vote at current home address: Yes No (✓ one)

Additional Questions

1. How did you learn about the MSL Subcommittee?
2. List reasons why you are interested in participating:

List any CMSA councils or committees on which you are or have served:

Please include any additional information or comments here:

Please return the completed application via email to CMSA:

Email: cmsa@cmsa.org

Phone: 615.432.0101