



**CLUB
MANAGEMENT
ASSOCIATION
OF AMERICA**

Certified Chief Executive (CCE) Verification Form

I hereby certify that _____

served as the most senior-level staff member of the _____

with full authority over all personnel from _____ to _____

in the capacity of _____

Name _____ Date _____

I hereby swear or affirm that the above information is complete and correct to the best of my knowledge.

Signature _____ Date _____

Sworn and subscribed before this _____ day of _____ in the year _____

Notary Public _____