

## **ATLANTIC CHAPTER OF THE ASSOCIATION OF CERTIFIED FRAUD EXAMINERS MEMBERSHIP APPLICATION**

The name of the organization is the “Atlantic Chapter of the Association of Certified Fraud Examiners”, hereby referred to as the “Chapter”. The Chapter is affiliated with the Association of Certified Fraud Examiners, hereby referred to as the “Association”.

The following will serve as an application to join the Atlantic Chapter of the Association of Certified Fraud Examiners.

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred E-mail for ACFE Chapter communications: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Are you a CFE?  Y /  N

Are you a member of the ACFE?  Y /  N

ACFE Member ID \_\_\_\_\_

Please select type of membership:

- CFE:** An individual who belongs to the Association and is a Certified Fraud Examiner. Members can vote for officers and hold any chapter office.
- Associate:** An individual who belongs to the Association, but is not a Certified Fraud Examiner. Associates may be granted voting rights and hold certain chapter offices.
- Affiliate:** An individual who chooses to be associated with the local chapter, but does not belong to the Association. Affiliates cannot vote for officers or hold a chapter office.

There are currently no Chapter dues in 2021. In the future, Chapter dues are subject to change. Chapter members are encouraged to support the Chapter by making a voluntary contribution. If you wish to contribute, please fill out the attached form.

By signing this application, I hereby certify that the information contained on this application is true and correct. If accepted, I agree to abide by the CFE Code of Professional Ethics as well as the Chapter Bylaws.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)