



The Lansing Chapter of The Association of Certified Fraud Examiners, Inc.

P.O. BOX 13233 • LANSING, MICHIGAN 48901
PHONE: (517) 241-0226 • www.lansingacfe.com
EMAIL: treasurer@lansingacfe.com

2018 MEMBERSHIP APPLICATION

*This application must be accompanied by a check payable to "The Lansing Chapter of ACFE"
OR pay online at www.lansingacfe.com
Renewals should be paid by January 31, 2018.*

2018 ANNUAL DUES (All Require National ACFE Membership):

\$25 for Certified Fraud Examiners (CFE); \$25 for Associate Members (non-CFEs)
\$10 for full-time students (Include copy of student ID with application)

Full Name: _____ ACFE Member Number: _____

Please circle one: New Chapter Member - or - Renewal of 2017 Membership

Nickname (for name badge): _____ Position/Title: _____

Current Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____

E-Mail: _____

The above information will be published in the Chapter's Membership Directory and will be used by the Chapter to provide you with notices and newsletters. Please check here if you do not want your information published in the membership directory.

Work Experience in Fraud Investigations: (Circle One)

1) No Experience 2) 1 year or less 3) 1-5 years 4) 5-10 years 5) 10-20 years 6) Over 20 years

Expertise: (Circle All That Apply)

1) Automotive Industry 2) Auditing 3) Asset Protection 4) Banking 5) Bankruptcy 6) Computer
7) Criminal Investigation 8) Document Examiner 9) Forensic Accounting 10) Handwriting Expert
11) Insurance 12) Interview/Interrogation 13) Taxation 14) Telecommunications 15) Utilities
16) Other (please specify) _____

Certifications Held: (Circle All That Apply)

1) CFE 2) CIA 3) CISA 4) CPP 5) CISSP 6) CPA 7) Other(s): _____

I hereby certify that the information above is true and correct to the best of my knowledge.

Member's Signature: _____ Date: _____

Received: _____ Check #/Amount: _____ Date: _____