

Corporate Members

I. QUALIFICATIONS FOR MEMBERSHIP

There are two categories of membership: Local and International. This application is for Local Membership only. You may apply for International membership separately on www.acfe.com. Members of the Association of Certified Fraud Examiners are strongly encouraged to take advantage of the many networking and training opportunities available to them by participating in their local ACFE chapters. Local chapter membership is not a requirement for ACFE members.

Were you previously registered with the SA Chapter? Yes / No

If yes member number/ previous employer

Please indicate the membership status you are applying for and where applicable provide your international membership number. Your local status will correspond with your International status.

Corporate member (local membership only)

II. PERSONAL

Prof. Dr. Adv Mr. Ms. Other: _____

Initials: _____ Preferred Name: _____

Surname: _____

Identity Number: _____

Home Language: English Afrikaans
 Other- _____

Home Postal Address: _____

Postal Code: _____

Home E-mail Address: _____

Home Telephone Number: (____) _____

Cellular Telephone Number: _____

CFE International Member no: _____

Associate International Member no: _____

KINDLY FORWARD A COPY OF YOUR ID DOCUMENT AS AN ATTACHMENT TO THIS FORM

PREFERRED MAILING ADDRESS:

Postal: Home Business

E-mail: Home Business

III. BUSINESS INFORMATION:

Employer/ Business: _____

Work Telephone Number: (____) _____

Work Fax Number: (____) _____

Work E-mail Address: _____

Your Job Title: _____

To whom do you report? _____

His/her job title? _____

Number of fraud examiners in company? _____

QUALIFICATIONS & EXPERIENCE:

Are you a practising fraud examiner? Yes No

Years of fraud examination experience: _____

Qualifications obtained: _____

CFE CA (SA) CIA Other: _____

Which professional Associations do you belong to?

KINDLY PROVIDE PROOF OF QUALIFICATIONS

IV. CONSENT

I consent to ACFE SA requesting and reporting my Confidential Information, Credit and Prescribed Information, and Criminal Record for the prescribed purposes. I consent to the storage of my personal data in the ACFE's offices in the United States, in its regional offices, and by its local chapter. I consent to a possible polygraph/LVA/VSA test to be conducted at any stage, if so needed.

V. CERTIFICATION

I certify that the above is true and correct to the best of my knowledge. Falsification of any information on this application is grounds for denial or revocation of membership. If this application is accepted, I agree to abide by the Bylaws and Code of Professional Ethics of the Association of Certified Fraud Examiners and the rules applied by the Association of Certified Fraud Examiners – South African Chapter. Membership is a privilege and not a right.

Applicant's Signature

Date

FOR OFFICE USE ONLY

Membership Number: _____

Date Approved: _____

Notification of Membership: Yes _____

Membership Fee Received: Yes No _____