

ACFE SA MEMBERSHIP APPLICATION 2018/2019

I. QUALIFICATIONS FOR MEMBERSHIP

There are two categories of membership: Local (SA Chapter) and International. This application is for Local Membership only. You may apply for International membership separately on www.acfe.com. Local chapter membership is not a requirement for ACFE members.

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

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

- Affiliate (South Africa membership only)
 Corporate member (South Africa membership only)
 Student (South Africa membership only)
 CFE Provide your International Member no: _____
 Associate Provide your International Member no: _____
 Student Associate Provide your International Member no: _____
 Educator Associate Provide your International Member no: _____

II. FEES

JOINING FEES

Individual members are required to pay a joining fee:

- CFE/ Associate/ Affiliate R 250.00
 Students R 150.00

ANNUAL LOCAL SUBSCRIPTION FEES

CFE	R 880.00
Associate	R 1500.00
Affiliate	R 2100.00
Student	R 250.00

Please note: These subscription fees are in addition to International Association fees. All fees and dues are VAT inclusive and non-refundable. Rates subject to change.

III. PERSONAL

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

Initials: _____ Preferred Name: _____

Full names: _____

Surname: _____

Identity Number: _____

NB Please attach a copy of your Identity Document to the application

Date of Birth: _____

Home Language: English Afrikaans Other- _____

Home Postal Address: _____

_____ Postal Code: _____

Home E-mail Address: _____

Home Telephone Number: (_____) _____

Cellular Telephone Number: _____

Any criminal / pending cases against you: Yes No

If yes please indicate the nature: _____

PREFERRED MAILING ADDRESS:

E-mail: Home Business

IV. 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: _____

Which professional Associations do you belong to?

CA (SA) CIA Other: _____

V. PAYMENT

PARTY RESPONSIBLE FOR PAYMENT:

(Full details as it should appear on the invoice)

Employer Personal

Company/ Organization _____

Billing Postal Address: _____

_____ Postal Code: _____

Company VAT no _____

E-mail Billing Address: _____

ACFE SA Payment Information:

Certified Fraud Examiners – SA Chapter

First National Bank, Brooklyn

Branch Number: 250655 FNB SWIFT: FIRNZAJJ

Account number: 62029408730

Ref no: Surname and Initials followed by " Subs"

VI. 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.

VII. 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 _____