



# Association of Certified Fraud Examiners

## Greater Chicago Chapter

15774 S. LA GRANGE ROAD, # 222 • ORLAND PARK, ILLINOIS 60462 • U.S.A.  
(815) NO FRAUD • FAX: (815) 469-1901  
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### APPLICATION FOR MEMBERSHIP

*This application must be accompanied by a check for the correct amount payable to "Greater Chicago Chapter of ACFE."  
Mail your application and payment to the address above.*

**ANNUAL DUES: \$75** for Certified Fraud Examiners (CFE); **\$75** for Associate Members (non-CFEs)  
**\$30** for full-time students (Copy of ID required); **\$30** for retired members (no longer in industry)  
**MUST BE A MEMBER OF THE NATIONAL ACFE**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Name 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 unless alternate information is provided below.

#### ALTERNATE INFORMATION

Check ONE: Use this information for  Membership Directory  Notices & Newsletters  Both

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you a member of the National Association of Certified Fraud Examiners?  Yes  No  
Are you a CFE?  Yes (CFE#: \_\_\_\_\_)  No *If "No," provide a CFE reference below.*

Name: \_\_\_\_\_ Title/Employer: \_\_\_\_\_

Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address, City, State, Zip: \_\_\_\_\_

Your Previous Employer & Job Title: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Received: \_\_\_\_\_ Check #/Amount: \_\_\_\_\_ Status & Date: \_\_\_\_\_