



# Association of Certified Fraud Examiners

## Greater Chicago Chapter

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### APPLICATION FOR MEMBERSHIP AND RENEWAL

*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); \$50 for Associate Members (non-CFEs)  
\$30 for full-time students (ID required); \$30 for retired members (no longer in industry)

**YOU MUST BE A MEMBER OF THE ACFE NATIONAL ORGANIZATION TO JOIN THE LOCAL CHAPTER.**

PLACE AN "X" ON EITHER LINE: \_\_\_\_\_MEMBER RENEWAL \_\_\_\_\_NEW MEMBER

**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 \_\_\_ the Directory, \_\_\_ notices & newsletters, or \_\_\_ 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  
*If you answered no, please complete the national application on the reverse side – you must belong to national organization to join the local chapter.*

**Are you a CFE?** \_\_\_ Yes (CFE#: \_\_\_\_\_) \_\_\_ No *If "No," provide a CFE reference below.*

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

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

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

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