

## 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](http://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.

### 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 \_\_\_\_\_