



South Africa Chapter

Corporate Members

ACFE SA MEMBERSHIP APPLICATION 2018/2019

1. QUALIFICATIONS FOR MEMBERSHIP

There are two categories of membership: Local (SA Chapter) and International. This application is for Local Affiliate & Student Membership. You may apply for combined International, Local Associate and CFE Membership separately online at www.acfe.com. Local chapter membership is not a requirement for ACFE International Members and standard ACFE international rates will apply. All members taking out combined membership will still need to complete the ACFE SA Membership Form.

Members of the ACFE are strongly encouraged to take advantage of the many networking and training opportunities available to them by participating in their local ACFE chapters.

Have you previously been registered with the SA Chapter? Yes / No

Please tick the relevant box if you have answered 'yes' to the question above: Affiliate Associate CFE

Years of experience as Fraud Examiner: _____

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.

Corporate Member (local membership only)

2. PERSONAL

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

Initials: _____ Preferred Name: _____

Full Names: _____

Surname: _____

Date of Birth: _____

Home Language: English Afrikaans Other: _____

Home Email address: _____

Home Telephone Number: (_____) _____

Cellular Telephone Number: _____

Home/Postal Address: _____

PREFERRED MAILING ADDRESS:

POSTAL: HOME: BUSINESS:

Email address: _____

3. BUSINESS INFORMATION:

Employer/ Business: _____

Work Telephone Number: (_____) _____

Work Fax Number: (_____) _____

Work E-mail Address: _____

Your Job Title: _____

Superior: _____

His/her job title: _____

Number of Fraud Examiners employed by company: _____

E-mail: Home _____ Business _____

4. QUALIFICATIONS & EXPERIENCE:

Are you a practising Fraud Examiner? Yes No

Years of Fraud Examination experience: _____

Qualifications obtained: _____

Which Professional Associations do you belong to?

Please tick the relevant box:

CFE CA CIA Other: _____

***KINDLY PROVIDE PROOF OF QUALIFICATION**

5. 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 a polygraph test to be taken when deemed necessary by the ACFE SA.
- ✓ I consent to the storage of my personal data in the ACFE's offices in the United States and by the ACFE SA for membership related purposes.
- ✓ Please tick the box should you **NOT** wish to receive any communication relating to training events, member benefits, or any other marketing material from the ACFE SA - **No**

Do you have any criminal/disciplinary guilty findings against you? Yes No

If yes, please indicate the nature of it: _____

Are you aware of any pending criminal/disciplinary cases brought against you? Yes No

If an ACFE Member wishes to resign or cancel their Membership within the membership period, he/she will have the opportunity to do so only at the end his/her membership anniversary term by giving 30 days' written notice. Take note there will be no refunds granted.

6. 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, Code of Ethics and Professional Standards 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

ONLY ONCE WE HAVE RECEIVED A FULLY COMPLETED MEMBERSHIP REGISTRATION FORM AND A COPY OF YOUR ID/PASSPORT WILL THIS APPLICATION BE CONSIDERED.

FOR OFFICE USE ONLY

Membership Number: _____

Date Approved: _____

Notification of Membership: Yes _____

Membership Fee Received: Yes No

JOIN TODAY! fax: 012 346 1927 / tel:012 346 1913 / admin@acfesa.co.za / www.acfesa.co.za