

ASSOCIATION OF CERTIFIED FRAUD EXAMINERS
Southeast Michigan Chapter
Application For Chapter Membership
www.semcafe.org

Type Of Membership: (AFFILIATE AND STUDENT APPLICANTS MUST COMPLETE BACK PAGE)

Certified Membership (Dues = \$50)
 Associate Membership* (Dues = \$55)
 Affiliate Membership (Dues = \$55)
 Student Membership (Dues = \$25)
 (Retiree/Govt. Employee = \$35) (Retiree/Govt. Employee = \$35) (Retiree/Govt. Empl. = \$35) (Full Time Student)
 * Associate member applicants must include verification of current Associate Membership status with the ACFE.

Full Name: _____ **Date Certified (if applicable):** _____
Date Of Birth: _____ **Employer:** _____
Title: _____ **Years of service:** _____

First Name Or Nickname To Appear On Name Tag _____

WORK	HOME
Address 1:	Address 1:
Address 2:	Address 2:
City:	City:
State: Zip Code:	State: Zip Code:
E-mail:	E-mail:
Telephone:() Fax: ()	Telephone: () Fax ()

Send mail to (Please Check One): **Work Address** **Home Address**

Brief Description of Current Job Responsibilities or College Studies:

Work Experience in Fraud Investigations: (Circle One)

1) No Experience 2) 1 year or less 3) 1-5 years 4) 5-10 years 5) 10-20 years 6) Over 20 years

Expertise: (Circle All That Apply)

1) Automotive Industry 2) Auditing 3) Asset Protection 4) Banking 5) Bankruptcy 6) Computer 7) Criminal Invest.
 8) Document Examiner 9) Forensic Acct. 10) Handwriting Expert 11) Insurance 12) Interview/Interr. 13) Taxation 14) Telecomm. 15) Utilities 16) Other (please specify) _____

Education: (Circle Highest Level)

1) High School 2) Bachelors Degree 3) Masters Degree 4) Doctorate Degree

Major Field of Study: _____

****Student Applicants: Name of college/university** _____

Student number _____

Full time student? Yes No

Certifications Held: (Circle All That Apply)

1) CFE 2) CIA 3) CISA 4) CPP 5) CISSP 6) CPA 7) Other(s) _____

Reason for Joining Chapter: _____

I hereby certify that the information on this application is true and correct to the best of my knowledge.

Applicant's Signature

Date

Referred by: (Chapter member's name) _____

AFFILATE AND STUDENT MEMBERSHIPS

Applicants for Affiliate and Student Membership must be sponsored by a Chapter member in good standing with the Southeast Michigan Chapter of the Association of Certified Fraud Examiners. The sponsoring member will verify that the applicant's employment and involvement in activities are consistent with the goals and objectives of the Association of Certified Fraud Examiners.

Sponsor Verification:

I have verified this applicant's employment and experience with fraud related activities.

Chapter Member's Name (Print)

Date Verified

Chapter Member's Signature

(FOR COMMITTEE USE ONLY)

Application: _____ **Approved for:** _____ **Certified**
_____ **Associate**
_____ **Affiliate**
_____ **Student**

_____ **Rejected (Brief statement for rejection)**

Signed: _____
Membership Committee

Date

Please make check for chapter dues payable to **Southeast Michigan Chapter of the A.C.F.E.**, and mail with application to: SEMCACFE - Membership Committee, P.O. Box 682, South Lyon, MI 48178.