

# Association of Certified Fraud Examiners

## Albany Chapter Membership Application

**Please check one:**

☐ New Member Application      ☐ Membership Renewal

**Please check one:** Send all mailings to my

☐ Business Address      ☐ Home Address

**(Please Print)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Business Address	Home Address
Office/Department: _____	If you <b>do not</b> want your home address published in the Chapter Directory, please check here <input type="checkbox"/>
Street: _____	Street: _____
City: _____	City: _____
State: _____ Zip Code+4 _____	State: _____ Zip Code+4 _____
Work Telephone: _____	Home Telephone: _____
Fax Number: _____	Pager Number: _____
Cell Phone Number: _____	Professional Certifications:
E-mail Address: _____	<input type="checkbox"/> CFE <input type="checkbox"/> CIA <input type="checkbox"/> CPA <input type="checkbox"/> CPP <input type="checkbox"/> CISA
	<input type="checkbox"/> CGFM <input type="checkbox"/> CBA <input type="checkbox"/> CFSA
	<input type="checkbox"/> Other: _____

**Membership Classification (select one):**

**Full Chapter Membership**

☐ I am a CFE and full member of the international ACFE.

The Albany Chapter Dues are: \$15 annually

**Associate Chapter Membership**

☐ I am a non-CFE and Associate member of the international ACFE.

The Albany Chapter Dues are: \$20 annually

**Chapter Affiliate**

☐ I am not a member of the international ACFE

The Albany Chapter Affiliate Dues are: \$20 annually

**Make checks payable to:**

Albany Area Chapter – ACFE  
Attn: VP - Membership  
P.O. Box 7242  
Albany, New York 12224-0242