



Membership Application

August 1, 2018 - July 31, 2019

Name _____ Nickname _____

Professional certifications _____

Areas of expertise _____

Job title _____

Employer _____

Email _____ Preferred mailing address Office Residence

Mailing address: Street _____

City _____ State _____ Zip+4 _____

Telephone: Office _____ Fax _____ Mobile _____

Have you been convicted of a felony or misdemeanor involving moral turpitude ("moral turpitude means an offense that calls into question the integrity or judgement of the offender; such as fraud, bribery, corruption, theft, embezzlement, solicitation, etc.)? Yes No (If yes, please describe on back)

Chapter Memberships

Indicate your desired membership type below. Membership privileges begin August 1st & end July 31st. Dues are not prorated.

- Member \$40** A Member is required to be a Certified Fraud Examiner in good standing. Members may vote and hold office in the Chapter.
- Associate \$40** An Associate is not required to be a Certified Fraud Examiner. Associates may vote and hold office in the Chapter. ACFE membership is required.
- Affiliate \$40** An Affiliate may attend meetings and receive CPE Credit. ACFE membership is not required. Affiliates are not Chapter members.
- Student \$10** Must be carrying 12 or more semester hours at a school of higher education. A Student is not a Chapter member and need not be an ACFE member.

To be a member of the ACFE-Greater OKC Chapter, you must be either a CFE in good standing, a non-certified Associate Member of the ACFE, or a full-time student. To become a member of the Association of Certified Fraud Examiners, please refer to their website at www.acfe.com or call (800) 245-3321.

**Please send this application, a business card and your check to:
ACFE – Greater OKC Chapter
PO Box 12237 • Oklahoma City, OK 73157**

Make your check or money order payable to "ACFE-Greater OKC Chapter".

Have you already paid these dues online? Yes No

I hereby certify that the information contained on this application is true and correct. If accepted, I agree to abide by the CFE Code of Professional Ethics as well as the Chapter Bylaws.

Signature _____ Date _____