

## I. QUALIFICATIONS FOR STUDENT MEMBERSHIP

Student Associate membership is open to undergraduate students enrolled in 9 semester hours (or equivalent), or graduate students enrolled in 6 semester hours (or equivalent) in an accredited college or university or equivalent. Student applicants cannot apply online. You must fax or mail the application along with your proof of enrollment or equivalent. The application fee is non-transferable and non-refundable once approved. Annual membership dues include \$20 for a one-year subscription to FRAUD MAGAZINE®.

### STUDENT MEMBERSHIP FEES (Incomplete applications will not be processed.)

Student Associate\* ..... US \$25\*\*

\*Proof of full-time semester enrollment in a university for the current semester is required.

\*\*Application fee and membership dues rate as of 10/1/2010. All fees and dues are non-refundable. Rates subject to change.

## II. MAILING ADDRESS

Dr.  Mr.  Mrs.  Ms.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

## III. PERMANENT ADDRESS

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

## IV. UNIVERSITY COLLEGE

University/College \_\_\_\_\_

Advisor Name \_\_\_\_\_

School Email Address \_\_\_\_\_

Degree Program In Which Enrolled \_\_\_\_\_

Baccalaureate  Masters  Doctorate  Other (please specify): \_\_\_\_\_

**Number of hours currently enrolled:** \_\_\_\_\_ on basis of:  Semester  Trimester  Quarter

Anticipated Graduation Date (This information is needed to process your application) \_\_\_\_\_

Date of Birth \_\_\_\_\_

## V. CHARACTER

Have you ever been convicted of a felony or misdemeanor involving moral turpitude, including convictions expunged ("Moral turpitude" means an offense that calls into question the integrity or judgment of the offender, such as fraud, bribery, corruption, theft, embezzlement, solicitation, etc.)?  Yes  No

**If yes, please describe (attach written statement if necessary).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VI. CERTIFICATION

I certify that the information provided 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. Membership is a privilege and not a right. Qualifications are established by the Board of Regents, whose decisions are final. 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 chapters.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## VII. SERVICES

- Subscribe me to the free *FraudInfo* e-newsletter filled with fraud news, tips and resources.
- Subscribe me to the *CFE Exam Coach* e-newsletter.

**Preferred E-Mail:**  Mailing  Permanent **Preferred Mail Address:**  Mailing  Permanent

### I was referred by:

ACFE Member: \_\_\_\_\_ or Local Chapter: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

I am interested in becoming a CFE. Please send me information.

As a new student associate member, choose a **FREE** electronic download version of the *Fraud Examiners Manual*:

Check one:  US  Canadian  UK  International

## VIII. PAYMENT (PAYMENT MUST ACCOMPANY APPLICATION)

Charge my (Check one. Card charged in U.S. \$):        

Card Number \_\_\_\_\_

Card Expires (Month/Year) \_\_\_\_\_ V-Code (three-digit code on back of card) \_\_\_\_\_

Cardholder Name (As shown on card, please print) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Signature \_\_\_\_\_

Check or Money Order enclosed. Make checks payable to: Association of Certified Fraud Examiners.

Check or Money Order number: \_\_\_\_\_

### FOR OFFICE USE ONLY

## IX. PROOF OF ENROLLMENT

Student Associate membership is open to undergraduate students enrolled in 9 semester hours (or equivalent), or graduate students enrolled in 6 semester hours (or equivalent) in an accredited college or university or equivalent. The following items will be accepted as proof of enrollment: **1) Copy of current class schedule or 2) A letter confirming your enrollment status from a professor, college advisor or the registrar on your college or university letterhead.**

## X. MAIL OR FAX COMPLETED FORM TO

ATTN: Membership Admissions • ACFE • World Headquarters • The Gregor Building  
716 West Ave • Austin, TX 78701-2727 USA • Fax: +1 (512) 478-9297

## XI. LOCAL CHAPTERS

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 (currently there are more than 125 worldwide). Local chapter membership is not a requirement for ACFE members; however, members of local chapters are required to be members of the ACFE. To find your ACFE Local Chapter or see if your school has an ACFE Student Chapter, visit [ACFE.com/Chapters](http://ACFE.com/Chapters).