

Association of Certified Fraud Examiners

HEARTLAND CHAPTER

MEMBERSHIP APPLICATION

The information you provide in this section may be printed in the Heartland Chapter Directory

Name _____
Employer _____
Position _____
Professional Designations _____
Mailing Address Preference: Home ___ Office ___
Street _____
City _____ State _____ Zip Code _____
Telephone: Office: _____ Fax: _____ Email: _____

HEARTLAND CHAPTER MEMBERSHIP DUES (circle one)

1. **CHAPTER MEMBER \$15 (must be a Certified Fraud Examiner)**
ACFE Membership Number:
2. **CHAPTER ASSOCIATE \$20 (Non-CFE & member of the ACFE)**
ACFE Membership Number:
3. **CHAPTER AFFILIATE \$20 (Non-CFE & not a member of the ACFE)**
4. **CHAPTER AFFILIATE - Student \$15**
(Enrolled at least part-time. Please provide a copy of the student ID)
5. **DEPARTMENT DISCOUNT (5-9 employees joining the chapter) \$15**
6. **DEPARTMENT DISCOUNT (10 or more employees joining the chapter) \$10**

If you have any questions please email us at: Secretary@HeartlandCFE.com

PLEASE MAKE YOUR CHECK PAYABLE TO THE "HEARTLAND CHAPTER"

Please mail this application and your check to:
Heartland Chapter
P.O. Box 460726, Papillion, NE 68046-0726

Annual dues for the Heartland Chapter do not include annual dues for the ACFE. Please call (800) 245-3321 in Austin, Texas, if you would like to join the ACFE or to obtain your ACFE Membership Number.

New Membership Application _____ Membership Renewal _____

Is it permissible to provide your name and mailing address to other organizations for them to notify you of activities and continuing education programs? YES _____ NO _____

Is there a speaker you would like to recommend?

Name _____
Phone _____

Print Name

Signature _____ **Date** _____