



**CENTRAL PENNSYLVANIA CHAPTER
ASSOCIATION OF CERTIFIED FRAUD EXAMINERS
Membership Application**

Please Print Legibly

I. PERSONAL

Name: _____ Dr. Mr. Mrs. Ms.

Designations: _____

Home Address: _____

Home Telephone: _____ Home E-Mail Address: _____

II. EMPLOYMENT

Employer: _____

Job Title: _____

Address: (Attach Business Card) _____

Telephone: _____ E-Mail Address: _____

Preferred Mailing Address: Home Business

Preferred E-mail Address: Home Business

Chapter Membership Directory:

Yes, please include my name and Home/Business (circle one) address in a future Chapter Directory.

No thanks, please exclude my information from a future Chapter Directory.

III. Chapter Membership Category * CFE \$30 Associate \$30 Student \$10 Retired \$0
 Honorary \$0 Affiliate \$0

* Current membership period begins July 1, 2008 and expires June 30, 2009 All dues rates subject to change.

**Please Make Your Check Payable To The:
"Central Pennsylvania Chapter - ACFE"**

**Please mail this application, your check and business card to:
Central PA Chapter - ACFE
P.O. Box 1485
Camp Hill, PA 17001-1485**

Annual dues for the Chapter do not include annual dues for the Association of Certified Fraud Examiners. If you would like to join the Association, e-mail membershipservices@ACFE.com or call (800) 245-3321.

IV. Please Specify Areas Of Interest _____

- | | |
|-----------------------------------|-----------------------|
| 10 Financial Institution Fraud | 50 Governmental Fraud |
| 20 Computer Fraud | 60 Corporate Fraud |
| 30 Health Care Fraud | 70 Insurance Fraud |
| 40 Consumer Fraud | 80 Retail Fraud |
| 90 Other(s) Please specify: _____ | |

Signature: _____ **Date:** _____

Each membership application is subject to approval by the Chapter Board of Directors.