



**Association of Certified Fraud Examiners
Heartland Chapter**

P.O. Box 460726 • Papillion, NE • 68046-0726
WEB: www.heartlandacfe.com

2017 GROUP MEMBERSHIP SIGNATURE PAGE

*This application must be accompanied by a check payable to "Heartland Chapter ACFE."
Mail your application and payment to the address above by **March 1, 2017***

Employer _____
Number of employees joining _____

- DEPARTMENT DISCOUNT A** (\$20 each) – Please complete the attached sheet.
5-9 employees joining the chapter.
- DEPARTMENT DISCOUNT B** (\$15 each) – Please complete the attached sheet.
10 or more employees joining the chapter.

Annual dues for the Heartland Chapter do not include annual dues for the National ACFE. Please call 800-245-3321 or visit www.acfe.com if you would like to join the ACFE or to obtain your ACFE Membership Number. If you have any questions, please email us at: Secretary@HeartlandACFE.com This membership will be valid from 1/1/2017 until 12/31/2017.

I certify that the above information and the information on the attached page is true and correct to the best of my knowledge.

Membership is subject to the approval of the Board of Directors at their sole discretion. By submitting this application, the applicant hereby applies for membership in the Heartland Chapter of the Association of Certified Fraud Examiners and, knowing that this association relies on the veracity of the applicant's statements herein as a condition and retention of membership, furnishes the above information.

Check the box to indicate that you agree with the above statements

Signature _____ Date _____

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