



**Association of Certified Fraud Examiners
Heartland Chapter
www.heartlandacfe.com**

2017 MEMBERSHIP APPLICATION

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

_____(Check) If you **DO NOT** want Heartland ACFE to include your information on the online Heartland ACFE Membership Directory located at www.heartlandacfe.com

____New Membership Application _____ Membership Renewal

HEARTLAND CHAPTER MEMBERSHIP DUES (check one):

- CHAPTER MEMBER \$20** (MUST BE A CERTIFIED FRAUD EXAMINER)
ACFE MEMBERSHIP NUMBER: _____ **Date CFE obtained** _____
- CHAPTER ASSOCIATE \$25** (NON-CFE & MEMBER OF NATIONAL ACFE)
ACFE MEMBERSHIP NUMBER: _____
- CHAPTER AFFILIATE \$25** (NON CFE /NOT A MEMBER OF NATIONAL ACFE)
- CHAPTER AFFILIATE – STUDENT \$15** (EITHER FULL OR PART TIME)
PLEASE PROVIDE A COPY OF YOUR STUDENT ID
- DEPARTMENT DISCOUNT 5 – 9 EMPLOYEES JOINING THE CHAPTER \$20**
ACFE MEMBERSHIP NUMBER: _____
- DEPARTMENT DISCOUNT 10 OR MORE EMPLOYEES JOINING THE CHAPTER \$15** **ACFE MEMBERSHIP NUMBER:** _____
- PREVIOUS BOARD MEMBER COMPLETING THE FULL ELECTION TERM \$0**

**PLEASE MAKE YOUR CHECK PAYABLE TO THE HEARTLAND CHAPTER ACFE
PLEASE MAIL THIS APPLICATION AND YOUR CHECK, BY **March 1, 2017** TO:
HEARTLAND CHAPTER ACFE
P.O. BOX 460726; PAPIILLION, NE 68046-0726**

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 12/31/17.

Signature _____ Date _____