



**The Saskatchewan Chapter of the Association of Certified Fraud Examiners
Membership Application**

Name _____ Title _____

Company _____

Address _____ Postal Code _____

Work Phone _____ Fax _____ Home Phone _____

E-mail _____

Home Address _____ Postal Code _____

Degrees: Academic _____ Professional _____

Membership dues for the year ending June 30, 2005

Please select appropriate category and submit fees accordingly.

- Member\$25** A member is required to be a Certified Fraud Examiner. A member is eligible to vote and hold office in the Chapter, and to participate on Chapter committees.
- Associate\$30** An Associate member of the ACFE, who is not required to be a Certified Fraud Examiner. An Associate is eligible to participate on Chapter committees.
- Affiliate\$35** An Affiliate is one with an intellectual interest in the fight against fraud. They may attend Chapter meetings and functions, but may not hold office or vote. For the year ending June 30, 2005, affiliate membership dues are waived by attendance at the annual fraud conference.
- Student\$0** Student enrolled in a degree program of a recognized college or university. Please specify course, and college or university.

Please Note: For security reasons, all information supplied is subject to verification and any information found to be misleading in any way shall be grounds for denial of membership in or immediate dismissal from the chapter.

I understand all conditions of membership in the Saskatchewan Chapter of the ACFE and agree to any verification checks that might be made. I consent to the Chapter retaining my personal information as provided above. I certify that I have never been convicted of a criminal offence for which I have not received a pardon.

Signed _____

Date _____

Completed forms with membership dues should be forwarded to: Leanne Ashdown
2625 Victoria Avenue
Regina, Sask. S4T 7T9