



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, 2004

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 is not required to be a Certified Fraud Examiner. An Associate is eligible to participate on Chapter committees.

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 Regina Chapter of the ACFE and agree to any verification checks that might be made. I certify that I have never been convicted of a criminal offence for which I have not received a pardon.

Signed _____

Date _____

Forward applications to the attention of:

Leanne Ashdown
Sask Wheat Pool
2625 Victoria Ave
Regina SK
S4T 7T9