



Central Florida Chapter
Association of Certified Fraud Examiners
Membership Application/Renewal

Please print all information

NAME: _____ NICKNAME: _____
(Last) (First) (MI) (For Nametags)

ACFE National Membership Number: _____

Preferred Mailing Address Home Business

Preferred E-mail Address Home Business

Sponsored by: (optional) _____

Employer: _____	Title: _____	
Business Phone: _____	Fax: _____	E-mail: _____
Business Address: _____		

Home Phone: _____	Home E-Mail: _____
Home Address: _____	

NOTE: All memberships are on a calendar year and expire on December 31. Dues are not pro-rated for partial years. New members should verify with a Chapter Officer which calendar year(s) their membership dues cover at the time of application for membership. Memberships become active upon approval by the Board.

Certifications: (Check all that apply) CFE CPA CFF Other

(Please list "other" certifications) _____

I, the undersigned, submit this application for membership or renewal in the Central Florida Chapter of the Association of Certified Fraud Examiners. I certify that all information contained in this application is correct to the best of my knowledge.

Signature

Date

Mail application and annual dues of \$25 to:
M'Lou Rossie, CFE, CPA, CFF
3345 Canoe Birch Place
Oviedo, FL 32766
(Check should be payable to Central Florida Chapter – ACFE)