

The Lansing Chapter of the Association of Certified Fraud Examiners, Inc.

P.O. BOX 13233 · LANSING, MICHIGAN 48901 PHONE: (517) 295-5438 · www.lansingacfe.com EMAIL: vicepresident@lansingacfe.com

2025 MEMBERSHIP APPLICATION

This application must be completed and either accompanied by a check payable to "The Lansing Chapter of ACFE" <u>OR</u> an online payment to <u>www.lansingacfe.com</u> (Renewal appreciated by January 31, 2025.)

	2025 ANNUAL DU	TES (please indicate):
□ \$25 fo	r Certified Fraud Examiners (National	ACFE Membership and CFE Credential Required)
□ \$25 for Associates (Requires National ACFE Membership)		
□ \$25 for Affiliates (National Membership Not Required – Non-Voting)		
□ \$10 for full-time students (Include Copy of Student ID with Application – Non-Voting)		
Full Name:		_ACFE Member Number:
Please circle o	ne: <u>New Chapter Member</u>	- or - Renewal of 2024 Membership
Nickname (for name badge):		Position/Title:
Current Employ	ver:	
E-Mail:		
The above information will be published in the Chapter's Membership Directory and will be used by the Chapter to provide you with notices and newsletters. Please check here \Box if you do not want your information published in the membership directory.		
Work Experience in Fraud Investigations: (Circle One) 1) No Experience 2) 1 year or less 3) 1-5 years 4) 5-10 years 5) 10-20 years 6) Over 20 years		
Expertise: (Circle All That Apply) 1) Automotive Industry 2) Auditing 3) Asset Protection 4) Banking 5) Bankruptcy 6) Computer 7) Criminal Investigation 8) Document Examiner 9) Forensic Accounting 10) Handwriting Expert 11) Insurance 12) Interview/Interrogation 13) Taxation 14) Telecommunications 15) Utilities 16) Other (please specify)		
Certifications Held: (Circle All That Apply) 1) CFE 2) CIA 3) CISA 4) CPP 5) CISSP 6) CPA 7) Other(s):		
I hereby certify that the information above is true and correct to the best of my knowledge.		
Member's Sign	ature:	Date:
Received:	Check #/Amount	Date