ASSOCIATION OF CERTIFIED FRAUD EXAMINERS
COLORADO CHAPTER

MEMBERSHIP APPLICATION

To join, renew or correct your info, complete and submit this form. By submitting this form, you are agreeing to abide by our bylaws and follow the operational guidelines established by ACFE.

Purpose for Submitting Form:

☐ Join Chapter ☐ Renew membership ☐ Update Database

ACFE membership #: _____

Name: _____ _____ _____
Last Name First Name Middle Initial

Organization: _____

Preferred Mailing Address: _____

_____
City State Zip

Telephone #: _____ Fax #: _____

Email address: _____

Professional Certifications:

☐ CFE ☐ CPA ☐ Other: _____

Would you like your name listed on the "Need a CFE" Section of our website? ☐ Yes ☐ No
(if so, you may be contacted for more information at a later date)

Your application can not be processed until we receive our dues payment. Annual Membership Dues are $30 per year. Send your dues payment to:

Director of Membership
c/o Colorado Chapter of the ACFE
PO BOX 3729
Englewood, CO 80155

Note: If paying by check, please indicate the members name on the check.
Payment through *PayPal* is also available on our website