ASSOCIATION OF CERTIFIED FRAUD EXAMINERS
COLORADO CHAPTER

STUDENT MEMBERSHIP APPLICATION

To join our chapter, renew your membership, or correct your database information, please 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.

Student members must be a member of the ACFE and must reapply for membership in the Colorado chapter annually. Annual Membership Dues are waived for students.

Purpose for Submitting Form:

☐ Join Chapter ☐ Renew membership ☐ Update Database

ACFE membership #: _____

Name: _____ _____ _____
Last Name **First Name** **Middle Initial**

Educational Institution: _____

Degree Program: _____ **# of Semester Hours:** _____

Preferred Mailing Address: _____

_____
City **State** **Zip**

Telephone #: _____ **Fax #:** _____

Email address: _____

Professional Certifications:
☐ CFE ☐ CPA ☐ Other: _____

When completed, please submit this form to:
Director of Membership
c/o Colorado Chapter of the ACFE
PO BOX 3729
Englewood, CO 80155