

PHILIPPINES CHAPTER MEMBER APPLICATION

ver.9 : PLEASE PRINT ON LONG BOND PAPER

I. APPLICATION

 This application is for the **Philippines Chapter Membership** only.

-
- NEW**
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- RENEWAL**

 Have you applied for **Associate Membership with ACFE International**?
 yes no

II. PERSONAL INFORMATION

 Mr. Mrs. Ms. / Atty. Dr. Other _____ : Gender: FEMALE MALE

Name	Surname	First name	M.I.
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Nickname

 Professional Certifications
 CFE CPA CIA CISA CISP CCSA
 Others _____

Contact number

Birth date

Email address	Primary: ACFE communications will be sent here	
	Secondary: shall be used when primary email fails	

Current address	
	Home phone:

Provincial Address	
	Home phone:

III. EMPLOYMENT

Employer

Industry

Address	
	Website:
	Phone: _____ Fax: _____

Position

Total years employed	
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IV. EDUCATION

Graduate school	
	Degree earned:

College	
	Degree earned:

V. CHARACTER

Have you ever been convicted of a felony or misdemeanor involving moral turpitude ("moral turpitude" means an that calls into question the integrity or judgment of the offender, such as fraud, bribery, corruption, theft, embezzlement solicitation, etc.)?

 YES NO *IF yes, please describe (attach written statement if necessary)*

VI. CERTIFICATION

I certify that the above is true and correct to the best of my knowledge. Falsification of any information on this application is grounds for denial or revocation of membership. If this application is accepted, I agree to abide by the By-laws and Code of Professional Ethics of the ACFE - Philippines Chapter and to support all its activities and affairs. Membership is a privilege and not a right.

Signature

Date

VI. PROCESSING AND PAYMENT

 1. **Fax** accomplished form to: (02)919 0910; or **e-mail:** membership@acfe-p.org
 Please email me the billing statement.

Contact person for billing:	
e-mail	
Phone no.	

 Please send me **ORIGINAL BILLING**.

 2. Make Deposit Payments to the:
ASSOCIATION OF CERTIFIED FRAUD EXAMINERS – PHILIPPINES CHAPTER INC.
BDO Account # 005438010403

 3. **Send** scanned copy of deposit slip for your **OR**.

Notice: NEW MEMBERS: can start availing events/training discounts after 15 days from date of payment of membership dues.

VII. OTHERS

 I was referred by ACFE Member: _____

 I am interested in becoming a CFE. Please send me information.

VIII. INTEREST

Help us customize our programs: (Please select all that apply)

- Money Laundering (AMLA)
- Fraud Examination / Investigation
- Loss Prevention
- Legal Elements of Fraud
- Insurance Fraud
- Computer or Technology-based Crime
- Contract and Procurement Fraud
- Fraud Risk Management
- Healthcare Fraud
- Ethics
- Mortgage Fraud
- Fraud Auditing & Forensic Accounting
- Non-Profit Fraud
- Corporate Information Security
- Fraud Prevention
- Digital Forensics/Electronic Evidence
- Internal Controls
- Construction Fraud
- Governance, Risk and Compliance
- Securities Fraud
- Government/Law Enforcement
- Fraud Hotlines
- Other: _____

IX. ACFE PHILS. NETWORK

Will you allow ACFE Phils. to give your name and Contact details to third party inquiries regarding consultancy/projects?

 YES NO

ACFE Use only

Membership Form- Date Received:	
Billing statement:	
Date on deposit slip/payment:	
OR number:	
Data-base:	<input type="checkbox"/> For input <input type="checkbox"/> Completed

MEMBER NUMBER :	
Membership validity:	
ID Batch:	
Approving signature:	Chapter Operations Officer
Date:	