



Association of Certified Fraud Examiners

South Africa Chapter

ACFE SA MEMBERSHIP APPLICATION 2021/2022

1. QUALIFICATIONS FOR MEMBERSHIP

There are two categories of membership: Local (SA Chapter) and International. This application is for Local Affiliate & Student Membership. You may apply for combined International, Local Associate and CFE Membership separately online at www.acfe.com. Local chapter membership is not a requirement for ACFE International Members and standard ACFE international rates will apply. All members taking out combined membership will still need to complete the ACFE SA Membership Form.

Have you previously been registered with the SA Chapter? Yes / No

Please tick the relevant box if you have answered 'yes' to the question above: Affiliate Associate CFE

Please indicate the membership status you are applying for and where applicable provide your international membership number. Your Chapter Status will correspond with your International Status.

- Affiliate (South African membership only)
 Corporate Member (South African membership only)
 Student (South African membership only)
 CFE - Provide your international member no: _____
 Associate - Provide your international member no: _____
 Student Associate - Provide your international member no: _____
 Educator Associate - Provide your international member no: _____

2. FEES

JOINING FEES

Individual members are required to pay a joining fee:

- Affiliate R 250.00
 Students R 150.00 (Proof of registration to be provided)

ANNUAL LOCAL SUBSCRIPTION FEES

- CFE R 0 (included with international membership)
Associate R 0 (included with international membership)
Affiliate R 2 300.00
Student R 350.00

*Please note fees and dues are VAT inclusive and non-refundable. Rates subject to change.

3. PERSONAL

Prof. Dr. Adv Mr. Ms. Other: _____

Initials: _____ Preferred Name: _____

Full Names: _____

Surname: _____

Identity Number: _____

Qualifications: _____

QUALIFICATIONS & EXPERIENCE:

Are you a practising Fraud Examiner? Yes No

Years of fraud examination experience: _____

Which Professional Associations do you belong to?

Please tick the relevant box:

CA CIA Other: _____

NB: Please attach a copy of your Identity Document to the application

Date of Birth: _____

Home Language: English Afrikaans Other: _____

Home / Postal Address: _____

Postal Code: _____

Home E-mail Address: _____

Home Telephone Number: (_____) _____

Cellular Telephone Number: _____

Any criminal / pending cases against you: Yes No

If yes, please indicate the nature thereof: _____

PREFERRED MAILING ADDRESS:

E-mail: Home _____ Business _____

4. BUSINESS INFORMATION:

Employer/ Business: _____
Work Telephone Number: (_____) _____
Work Fax Number: (_____) _____
Work E-mail Address: _____
Your Job Title: _____
Superior: _____
His/her job title: _____
Number of Fraud Examiners employed by company: _____
Years of experience as Fraud Examiner: _____

5. PARTY RESPONSIBLE FOR PAYMENT:

(Full details as it should appear on the invoice)

Employer Personal Paid online via ACFE.com - Dual Membership

Company/ Organization: _____

Billing Postal Address: _____

Postal Code: _____

Company VAT number: _____

E-mail Billing Address: _____

If payment was made online via ACFE.com, kindly forward proof of payment to melanie@acfesa.co.za

6. PAYMENT STEPS:

As soon as the completed Membership Registration Form has been received, the ACFE SA Membership Officer will vet the application (**turn-around time 3 – 5 working days**). The Finance Officer will send Affiliate Members a quote, (**only valid for 7 days**), should you accept the quote, an invoice will follow. You have 30 days from invoice received to make payment – as soon as payment has been made, proof of payment must be sent to melanie@acfesa.co.za. If payment has not been made within the 30 days, your application will be unsuccessful.

CFEs/Associates who applied online on the ACFE International Website for membership must forward proof of payment and the completed ACFE SA Membership Form to Nelly: nelly@acfesa.co.za

ACFE SA Payment Information:

Certified Fraud Examiners – SA Chapter
First National Bank, Brooklyn
Branch Number: 250655 FNB SWIFT: FIRNZAJJ
Account number: 62029408730
Ref no: Surname and Initials followed by " Subs"

7. CONSENT

- ✓ I consent to ACFE SA requesting and reporting my Confidential Information, Credit and Prescribed Information, and Criminal Record for the prescribed purposes.
- ✓ I consent to a polygraph test to be taken when deemed necessary by the ACFE SA.
- ✓ I consent to the storage of my personal data in the ACFE's offices in the United States and by the ACFE SA for membership related purposes.
- ✓ Please tick the box should you **NOT** wish to receive any communication relating to training events, member benefits, or any other marketing material from the ACFE SA - **No**

Do you have any criminal/disciplinary guilty findings against you? Yes No

If yes, please indicate the nature of it: _____

Are you aware of any pending criminal/disciplinary cases brought against you? Yes No

If an ACFE Member wishes to resign or cancel their Membership within the membership period, he/she will have the opportunity to do so only at the end his/her membership anniversary term by giving 30 days' written notice. Take note there will be no refunds granted.

8. 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 Bylaws, Code of Ethics AND Professional Standards of the Association of Certified Fraud Examiners and the rules applied by the Association of Certified Fraud Examiners – South African Chapter. Membership is a privilege and not a right.

Applicant's Signature _____

Date _____

ONLY ONCE WE HAVE RECEIVED A FULLY COMPLETED MEMBERSHIP REGISTRATION FORM AND A COPY OF YOUR ID/PASSPORT WILL THIS APPLICATION BE CONSIDERED.

FOR OFFICE USE ONLY

Membership Number: _____

Date Approved: _____

Notification of Membership: Yes _____

Membership Fee Received: Yes No

JOIN TODAY! fax: 012 346 1927 / tel:012 346 1913 / admin@acfesa.co.za / www.acfesa.co.za