



**Central Florida Chapter**  
**Association of Certified Fraud Examiners**  
**Membership Application/Renewal**

Please print all information

**NAME:** \_\_\_\_\_ **NICKNAME:** \_\_\_\_\_  
(Last) (First) (MI) (For Nametags)

ACFE National Membership Number: \_\_\_\_\_

Preferred Mailing Address  Home  Business

Preferred E-mail Address  Home  Business

Sponsored by: (optional) \_\_\_\_\_

Employer: _____	Title: _____	
Business Phone: _____	Fax: _____	E-mail: _____
Business Address: _____		

Home Phone: _____	Home E-Mail: _____
Home Address: _____	

**NOTE:** All memberships are on a calendar year and expire on December 31. Dues are not pro-rated for partial years. New members should verify with a Chapter Officer which calendar year(s) their membership dues cover at the time of application for membership. Memberships become active upon approval by the Board.

**Certifications:** (Check all that apply)  CFE  CPA  CFF  Other

(Please list "other" certifications) \_\_\_\_\_

I, the undersigned, submit this application for membership or renewal in the Central Florida Chapter of the Association of Certified Fraud Examiners. I certify that all information contained in this application is correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail application and annual dues of \$25 to:  
Paul Hawkins, Treasurer, ACFE-Central FL Chapter  
PO Box #915754  
Longwood, FL 32791  
[pvhawkins@msn.com](mailto:pvhawkins@msn.com)

(Check should be payable to Central Florida Chapter – ACFE)