

Association of Certified Fraud Examiners
(Hong Kong Chapter Limited) www.acfehk.com

Receipt sent

Application for Hong Kong Chapter Membership

	<u>Annual Dues</u>
<input type="checkbox"/> Student	HK\$ 50.00
<input type="checkbox"/> Member and Associate	HK\$ 100.00
<input type="checkbox"/> Founder Life	HK\$1,800.00
<input type="checkbox"/> Life	HK\$2,500.00
<input type="checkbox"/> Retired	HK\$ 50.00

*one-time dues only

- Please type or print clearly.
- See information regarding membership
- Please indicate selection by marking the appropriate box. Any dues must accompany the Application.

Membership No: _____

Membership Type: Associate / CFE

Personal Details

Title:

(Dr/Mr/Mrs/

Ms/Miss etc) _____ First _____ Middle _____ Last _____

Address **FOR MAILING AND INTERNET LISTING** _____

City _____ Country _____

Mobile # _____ Email # _____

Fax # _____ Home telephone # _____

Employer _____ Title _____

Business telephone # _____

Signature

I certify that the above is true and correct to the best of my knowledge. I have never been convicted of a felony offence. Falsification of any information on this application grounds for denial or revocation of Membership. If this application is accepted, I agree to abide by the Bylaws and Code of Professional Ethics of the Association of Certified Fraud Examiners of Texas Austin USA and the Hong Kong Chapter Limited.

Signature

Date

I wish to be listed on the Hong Kong Chapter WebSite www.acfehk.com

Yes

No

Please Remember

To include a copy of ACFE membership certificate and to enclose the appropriate memberships fees. Cheques should be made payable to "Association of Certified Fraud Examiners, Hong Kong Chapter Limited".
Return your application to: The Treasurer, GPO Box 8412, Hong Kong.

For office use

Date Received _____ Comment (if any) _____

Approved by _____
Committee Officer(s)

Date _____ Receipt No. _____