



Long Island Chapter Association of Certified Fraud Examiners

P.O. Box 1105, Bethpage, NY 11714
Telephone: (516) 978-1598 • Fax: (516) 882-5137
E-mail: info@licfe.org • www.licfe.org

2010 MEMBERSHIP APPLICATION

*Fields marked with an asterisk ** are required*

Applicants Name **

Designations and Certifications

Job Title

Are You Presently A CFE? Yes No

If So, Enter Your Number

Are You A Member of the Association? Yes No

Are You a NYC Chapter Member? Yes No

Mail Preference: Home Office

Business Address

Company, Agency or School

Address**

City** State** Zip**

Business Telephone** Fax

Business E-Mail**

URL

Home Address

Address

City State Zip

Telephone Fax

E-Mail

Select your Membership Type

- Chapter Member \$30.00. Must Be A Certified Fraud Examiner
- Chapter Associate \$35.00. Not Required To Be A CFE
- Student Member \$10.00. Proof Of Full-Time (Resident) Student Status Required

Dues Are For The Calendar Year. Annual Dues Are Due December 15th, For The Next Year.

Payment Information

Payment Method: Visa Master Card Amex Check

If paying by check, please Make Your Checks Payable to The "LONG ISLAND CHAPTER-CFE", then print this page and mail your completed application, check and a business card to:
LICFE, PO Box 1105, Bethpage, NY 11714

Credit Card No:

Exp Date (Please enter as MO/YR)

Cardholders Name

Zipcode of Credit Card Billing Address

I certify that the above is true and correct to the best of my knowledge. I have never been convicted of a felony offense. 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 and Code of Professional Ethics of the Association of Certified Fraud Examiners, and the Long Island Chapter of the Association. Membership is a privilege and not a right.

Membership is subject to the approval of the Board of Directors at their sole discretion. By submitting this application, the applicant hereby applies for membership in the Long Island Chapter of the Association of Certified Fraud Examiners and knowing that this association relies on the veracity of the applicant's statements herein as a condition and retention of membership, furnishes the above information:

- Check the box at left to indicate that you agree with the above statements

Signature
