



Association of Certified Fraud Examiners

MARYLAND CHAPTER #21

Application for 2010 Maryland Chapter Membership

Association of Certified Fraud Examiners

_____ I am a CFE \$25.00 (Certified by the ACFE – Austin, TX)

_____ I am an Associate Member \$30.00 (Assoc. Member of the ACFE –Austin, TX)

_____ I am a Maryland Chapter Affiliate \$30.00 (Non-CFE, Non-Associate – I am not a member of the Association of Certified Fraud Examiners, Austin, TX)

_____ I am an Education Affiliate - No Charge (Non-CFE, Non-Associate – I am a full-time college faculty member, or a full-time college student – 12 or more credit hours per semester undergraduate, 9 or more credit hours per semester graduate)

Name of institution: _____

MEMBERSHIPS EXPIRE ON THE LAST DAY OF THE YEAR – 12/31/10

Name: _____ CFE#: _____

Employer: _____ Position: _____

Business Address (include City, State and Zip)

Office Tel: _____ Office Fax: _____ Email: _____

Home Address (include City, State and Zip)

Home Tel: _____ Sponsor: _____

Send Mail To: (circle one) HOME OR OFFICE

List Me in Chapter Directory: (circle one) YES or NO (*We list name, employer, phone, fax and email*)

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. Membership is a privilege and not a right.

DATE: _____ Applicant Signature _____

Please make checks payable to: MD-ACFE

Mail to: J. Michael Wineke, MD-ACFE Treasurer, 2259 Old Taneytown Rd. Westminster MD 21158

Chapter Website: www.cfemd.org