



Association of Certified Fraud Examiners

Chennai Chapter #175

CHENNAI CHAPTER OF THE ASSOCIATION OF CERTIFIED FRAUD EXAMINERS

(Registered as a society under Tamil Nadu Societies Act)

APPLICATION FOR CHAPTER MEMBERSHIP

Form with fields: NAME, ORGANISATION, DESIGNATION, I AM A (with checkboxes for Certified Fraud Examiner, Associate Member, Anti Fraud Professional, Other Professional, Student), QUALIFICATION / PROFESSIONAL CERTIFICATION, E-MAIL ADDRESS (PRIMARY), ALTERNATE E-MAIL ADDRESS, MOBILE NO, MAILING ADDRESS, TYPE OF MEMBERSHIP, PAYMENT DETAILS (including ANNUAL SUBSCRIPTION RATES and a table for NEFT/Wire transfer account details), and CHEQUE NO. DATED: FOR Rs.

DECLARATION: I WISH TO APPLY FOR THE MEMBERSHIP OF THE CHAPTER AND AGREE WITH THE TERMS AND CONDITIONS. I DECLARE THE ABOVE INFORMATION TO BE TRUE AND CORRECT.

DATE: PLACE:

SIGNATURE:

SEND YOUR COMPLETED FORM TO: CFECHENNAICHAPTER@GMAIL.COM

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