



**Middle Tennessee Chapter  
Association of Certified Fraud Examiners  
P.O. Box 198361  
Nashville, Tennessee 37219**

Please print all information

**NAME:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  
(Last) (First) (MI) (for Nametag)

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

Preferred Mailing Address (US Mail)  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. 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 Chapter President or his/her designee.

**Enclosed:** (Please check one.)

**\$25** (One-year fee)

**\$50** (Three-year fee)

**Member Type:** (Please check one.)

**Associate**

**Certified**

**Certifications:** (Check all that apply)  CFE  CPA  CIA  CGFM  CISA  Other

(Please list "Other" Certifications) \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date