



**ACFE CYPRUS CHAPTER  
MEMBERSHIP REGISTRATION FORM  
(Please Print)**

| Date:   |           | ACFE Member Number: |                        |   |  |
|---|-----------|---------------------|------------------------|---|--|
| GENERAL INFORMATION   |           |                     |                        |   |  |
| Last name:  |           | First:              | Middle:                | <input type="checkbox"/> Mr.<br><input type="checkbox"/> Mrs. | <input type="checkbox"/> Dr.<br><input type="checkbox"/> Ms. |
| Member Type:<br><input type="checkbox"/> CFE <input type="checkbox"/> Associate |           | Birth date:<br>/ /  | Age:                   | Sex:<br><input type="checkbox"/> M <input type="checkbox"/> F |  |
| Street address:   |           |                     | Cell phone no.:<br>( ) | Home phone no.:<br>( )  |  |
| P.O. box:   | City:     |                     | District:              | ZIP Code:   |  |
| Occupation:   | Employer: |                     |                        | Employer phone no.:<br>( )                                    |  |
| Email:  |           |                     |                        |   |  |
| Other:  |           |                     |                        |   |  |

| CYPRUS ACFE CHAPTER MEMBERSHIP TYPE AND PAYMENT METHOD             |   |                          |                          |
|--|---|--------------------------|--------------------------|
| (Please choose from the Membership types.)                         |   |                          |                          |
| MEMBERSHIP TYPE  | DESCRIPTION   | MEMBERSHIP DUES (Annual) | Please Check             |
| CFE Membership:  | Individuals that hold CFE certification   | €40                      | <input type="checkbox"/> |
| Associate Membership:  | Individuals that do not hold the CFE certification, but they are ACFE members     | €30                      | <input type="checkbox"/> |
| Affiliate Membership:  | Individuals that do not hold the CFE certification, and they are not ACFE members | €20                      | <input type="checkbox"/> |
| For Membership descriptions see Cyprus ACFE Chapter's Constitution |   |                          |                          |

| SIGNATURE   |
|---|
| <p>The above information is true to the best of my knowledge. I authorize the board of the ACFE Cyprus Chapter to manage my aforementioned personal data, only for the Chapter's purposes.</p> <p>_____</p> <p><i>Member signature</i> <span style="float: right;">_____</span><br/><i>Date</i></p> |