

Application Form for Associate membership of the Institute of Certified Forensic Accountants®

**This Application cannot be processed unless copies of academic/professional
qualifications & CV are enclosed.**

Application form for Associate membership of the Institute of Certified Forensic Accountants®.

PART 1: PERSONAL INFORMATION

1. Applicant Information

Name _____
Title First Middle Last

Home Address _____
Street City Province/Territory/State

_____ Country Postal Code/Zip Home or cell Phone

_____ Email Date of birth (mm / dd / yyyy)

Employer _____
Name Job title

Address _____
City Province/Territory/State Country Postal Code/Zip

_____ Telephone # /Cell FAX Email

Signature of Applicant:

I agree to accept the decision of the Council regarding my edibility for membership. If elected, I agree to abide by the Institute's Charter and Byelaws and to observe the provisions of the Institute's Code of Professional Standards. I confirm that the information supplied in support of my application is correct.

Signature Date: (mm / dd / yyyy)

N.B If you need more space, please continue to a plain sheet of paper, and attach to form.

Waiver Form

I certify that the information declared in the application form for membership and certification is correct. If I would misrepresent my credentials or allow my membership in the Institute of Certified Forensic Accountants® to lapse, I understand and agree that my ICFA Status will be revoked, and my membership terminated. I affirm that all the information that I have provided to ICFA is true, correct, and complete and I agree to hold harmless and indemnify the ICFA and its Officer, directors, employees, and agents for any misrepresentations of my credentials and for all claims, loss, damage, judgment, or expense. I certify that I have not been convicted of a felony. I have not been disciplined for any ethical violation in the last ten years and I am not under any investigation by any legal or licensing board.

Membership of ICFA does not constitute the grant of a license or other licensing authority by or on behalf of the organization as to a member's qualifications, abilities, or expertise.

The Institute of Certified Forensic Accountants® does not endorse, guarantee, or warrant the credentials, work, or opinions of any individual member.

Signature

Date: (mm / dd / yyyy)

Print Name