



## **Application Form for 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 membership of the Institute of Certified Forensic Accountants®.

Application for Membership as:                      Certified Member \_\_\_ Associate \_\_\_ Fellowship\_\_\_

### Personal Details:

Title:                      Mr: \_\_\_\_\_ Mrs: \_\_\_\_\_ Miss: \_\_\_\_\_ Ms: \_\_\_\_\_ Other: \_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### Qualifications:

Name of Institution	Degree Type	Year Granted



## Work/Business Experience (where applicable)

Position Held	Name of Employer	Period of Employment

## 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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.

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Signature

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Date: (mm / dd / yyyy)

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Print Name