



**CHARTERED INSTITUTE OF CERTIFIED FORENSIC ACCOUNTANTS  
AND FRAUD INVESTIGATORS USA**

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**MEMBERSHIP APPLICATION FORM**

**Please Tick the Grade of Membership you wish to apply for:**

☐ Student ☐ Graduate ☐ Associate ☐ Full ☐ Fellow ☐ Doctoral Fellow ☐ Honorary

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country: \_\_\_\_\_

State Of Origin: \_\_\_\_\_ Employer: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date: \_\_\_\_\_

Grade of Membership: \_\_\_\_\_ LinkedIn: \_\_\_\_\_

Qualification: \_\_\_\_\_

Professional Body Membership: \_\_\_\_\_

\_\_\_\_\_

Job Position: \_\_\_\_\_

Working Experience: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*