

Institute of Certified Forensic Accountants

Application for Membership

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

Title	Surname	Forename(s)	
Home Address			
Post Code/Zip		Country	
Telephone		Mobile	
Email		FAX	
Date of Birth		Job Title	
Company Name and Business Address			
Post Code/Zip		Country	
Business Telephone		Business FAX	Business Email
Address for Correspondence		Home	Business
Academic Details			
Please list ALL of your academic and professional qualifications.			
Qualification	Year	College/University	
Qualification	Year	College/University	
Qualification	Year	College/University	
Qualification	Year	College/University	
References			
A reference must be supplied before the application can be processed			
I have known the applicant for _____ years and support his/her application for membership. To the best of my knowledge the details of his/her application are correct.			
Referee Name		Job Title	
Company		Signature	
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 Bye-laws 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.			

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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 Institute of Certified Forensic Accountants status will be revoked and my membership terminated. I affirm that all the information that I have provided to Institute of Certified Forensic Accountants is true, correct, and complete and I agree to hold harmless and indemnify the Institute of Certified Forensic Accountants 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 10 years and I am not under any investigation by any legal or licensing board.

Membership of the Institute of Certified Forensic Accountants 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