



Greater Pittsburgh Chapter

2025-2026 MEMBERSHIP FORM – PAY BY CHECK

Membership Profile (Please complete all items)

Name: _____	Industry/Job Classification
Title: _____	Select one:
Employer: _____	<input type="checkbox"/> Internal audit <input type="checkbox"/> Insurance <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Government (not law enforcement) <input type="checkbox"/> Banking <input type="checkbox"/> Education <input type="checkbox"/> Student <input type="checkbox"/> Other, specify: _____
Mailing Address: _____	

Telephone _____	E-Mail _____
Work: _____	_____
Home: _____	_____

This is Work Home contact information.

Select Membership Option:

	1 Year	2 Years	Indicate ACFE member #:
<input type="checkbox"/> Certified Fraud Examiner	\$50.00	\$75.00	_____
<input type="checkbox"/> Non-CFE	\$60.00	\$90.00	_____
<input type="checkbox"/> Student (full time)	\$10.00	N/A	_____

Return Invoice with Payment to:
 ACFE Greater Pittsburgh Area Chapter
 P.O. Box 2071
 Pittsburgh, PA 15230

Amount Enclosed \$ _____ Check # _____

Make checks payable to: ACFE Greater Pittsburgh Chapter

Please use the online form for credit card payments via StarPay.