ASSOCIATE MEMBERSHIP REFERRAL FORM

Associate Member Applicant Name: _____

Sponsor Name _____

Sponsor Chapter_____

Briefly describe why you think the applicant is qualified for the Associate Membership:

_____

_____

_____

Associate Applicant is referred by a Regular Member, Life Member or Retired Member of the IAFCI and is in good standing with the organization. The referring IAFCI member can verify the below requirements depending on the type of applicant.

Check appropriate box.

☐ 1. **Part-Time Law Enforcement/Government Employee**. The Applicant is a part-time Law Enforcement employee and is involved in investigating Financial Fraud, financial crime, and/or cybercrimes investigations or provides material support to those investigations but doesn't qualify for Regular Membership because the individual doesn't work full time, or a majority of the individual's work is not in this area of practice.

☐ 2. **Part-Time Private Sector Employee**. The Applicant is employed on a part-time or independent contractor basis for one of the types of private sector companies/organizations/agencies that are permitted for Regular Membership as described in Section 1.05 of the (e.g., part-time, or contract Financial Analyst, Fraud Examiner, Forensic Fraud Examiner, Fraud or Financial Crime Consultant).

☐ 3. **Retired Law Enforcement.** The Applicant (i) was previously employed by a Law Enforcement agency but did not have primary or secondary responsibility for the investigation, investigative training, prevention, analysis, apprehension and/or prosecution of financial or related crimes, (ii) and was not a current or former member of the IAFCI prior to retirement, has retired in good standing and (iii) is seeking opportunities and/or certification in the field of Financial Fraud, financial crime, and/or cyber- crimes investigations.

☐ 4. **Full-Time/Part-Time College/University Faculty.** The Applicant is a current faculty member (full-time, part-time, adjunct) at a recognized College/University and is instructing in a field related to Financial Fraud, including without limitation, criminal justice, criminal law, pre-law, law, and/or accounting or similarly named program at the College/University as determined by IAFCI.

Associate Restrictions: Limited access to resources on the membership website, access to Mobilize communication platform and is prohibited from voting in any election and from holding any elective office.

Send this form to support@iafci.org

***Internal use only**

*** Letter/Documentation received** ☐ YES ☐ NO

Explain what was received: _____

_____

An Associate Member application must be forwarded to the appropriate Chapter Membership Committee for approval. If the Applicant does not have a Sponsor. The Chapter Membership Committee Representative must obtain the required information from the Applicant.

*** If the Chapter Membership Committee does not respond within thirty (30) days, the application shall be referred to the International Membership Committee for review and approval.

Chapter Approver Name_____**Date:**_____

Signature: _____