NORTHWEST FRAUD INVESTIGATORS ASSOCIATION

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**MEMBERSHIP FORM *(Please type or print)***

***www.nwfia.org***

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**Please check appropriate Box: New Membership Change in Status/Membership Renewal**

#

## DATE:

NAME:

Last *(Please type or print)* First Middle

COMPANY:

 Firm/Business Name Department

TITLE OR POSITION:

BUSINESS ADDRESS:

BUSINESS PHONE: ( ) FAX NUMBER: ( )

DESCRIPTION OF DUTIES AND RESPONSIBILITIES:

WHO REFERRED YOU:

RESIDENCE ADDRESS:

RESIDENCE PHONE: ( )

SEND CORRESPONDENCE TO: BUSINESS RESIDENCE

APPLICANT’S SIGNATURE:

Signature denotes agreement of applicant to abide by the Constitution, Amendments, By-Law’s, Rules and Regulations and/or Executive Board decisions of the NWFIA. (Renewals and New Memberships please include $50.00 with this form and mail to the address listed below.)

SIGNATURE OF SPONSOR:

 Firm/Business Name and Phone Number

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 Firm/Business Name and Phone Number

The signature of 2 (two) current NWFIA members is required, denoting recommendations and sponsorship by this member for the applicant to become a member of NWFIA.

***Section 1***

***Section 2***

***Section 3***

***Section 4***

***Section 5***

***Section 6***

PAGER OR CELLULAR NUMBER:

EMAIL ADDRESS:

Please mail the completed form to the following address (Renewals and New Memberships, please include $50.00):

NWFIA P.O. BOX 230197, Tigard, OR 97281

