



# AAFFA/NACVA Membership Application

Please complete the information below (Print or Type): Your name and address exactly as you wish it to appear in NACVA's Credentialed Member Directory on our website at www.NACVA.com and on your Membership Certificate. To better serve you, NACVA requests a curriculum vitae and a business photo (head shot) be submitted along with your application. This application is also available online at www.NACVA.com.

**Member Information:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Designations: \_\_\_\_\_

Firm Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Position in Firm: \_\_\_\_\_ Areas of Expertise: \_\_\_\_\_

**Shipping Address:** (If different from address above)

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Home Address:** (Note: This address will not appear in any NACVA publication. It will be used by NACVA if you change your place of employment and we are unable to obtain a forwarding address and phone number.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**Professional Conduct:**

1. Have you ever been convicted of any felony or any crime carrying a punishment of time in prison, whether or not time was served?  
 Yes  No If Yes, please explain: \_\_\_\_\_
2. Have you been convicted of a misdemeanor involving moral turpitude (lying, cheating, stealing, or other dishonest conduct) or any substantially equivalent crime in any court of law?  Yes  No If Yes, please explain: \_\_\_\_\_
3. Have you had any professional license, professional certification, or professional membership revoked, refused, or suspended (other than for non-payment of dues)?  Yes  No If Yes, please explain: \_\_\_\_\_

- I am a:**
- |   |  |
|---|--|
| <input type="checkbox"/> <u>Practitioner</u> pursuing the MAFF          | <input type="checkbox"/> <u>Government Employee</u> not pursuing a designation |
| <input type="checkbox"/> <u>Government Employee</u> pursuing MAFF       | <input type="checkbox"/> <u>Academician</u> not pursuing a designation         |
| <input type="checkbox"/> <u>Academician</u> pursuing the MAFF           | <input type="checkbox"/> <u>Student</u> full-time, not pursuing a designation  |
| <input type="checkbox"/> <u>Professional</u> not pursuing a designation |  |

By signing this form, applicant agrees to abide by the rules governing this Association and its members and agrees to hold NACVA harmless from any claims arising from or related to membership in NACVA. NACVA reserves the right to refuse membership and/or certification to any person. A NACVA member or holder of a NACVA certification may have his or her membership or certification terminated based on appropriate grounds therefor as determined by the Executive Advisory Board.

**Application Fee: \$50.00**

**Membership Fee:\$150.00**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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