



# ACAMS MEMBERSHIP APPLICATION

**Membership Category** (please check one)

**Private rate** (for individuals who work in the private sector)

**Public rate** (for full-time government employees)

**1 year**

\$265

\$175

**2 years**

\$475

\$315

**3 years**

\$675

\$445

## Contact Information

(Fields with \* are required)

Prefix Mr. Mrs. Ms. First Name\*

Middle Initial

Last Name/Surname\*

Company/Institution\*

Title\*

Department/Unit\*

Mailing Address 1 (No P. O. Boxes, please)\*

City\*

State/Province

Zip/Postal Code\*

Country\*

Phone\*

Fax\*

Email\*

## Payment Method

Credit Card (please circle one)

Mastercard

Visa

American Express

Discover

Diners Club

Name on Card

Card Number

Exp. Date

CVV Code

Signature Cardholder The CVV (Credit Verification Value) code

is usually a 3-digit code located on the back of your card, inside the signature area. On AMEX cards, it is a 4-digit code located on the front above the account number. Orders without the CVV code will cause processing delays. Visit <http://www.acams.org/policies.aspx> for our cancellation/refund policy.

Please bill me (If needed, your corporate purchase order number) \_\_\_\_\_

Check enclosed, made payable to ACAMS

Send wire transfer to:

**Comerica Bank San Jose, CA**

**Routing number: 121137522**

**Account number: 1894064128**

**SWIFT Code: MNBDUS33**

As a member of ACAMS, I agree that I do now and will at all times abide by and act in compliance with the Membership Standards and Bylaws of the Association of Certified Anti-Money Laundering Specialists, Inc. ([www.ACAMS.org](http://www.ACAMS.org)).

Signature

Date: Day/Month/Year

Your membership card(s) will be sent within two weeks of receiving this application and payment - thank you!