

ACAMS CHAPTER MEMBERSHIP APPLICATION

DATE: M ___ D ___ Y ___

I. Contact Information *(Fields with * are required)*

*Prefix: Mr. / Mrs. / Ms. *First Name: _____ Middle Initial: _____ *Last Name: _____

*Company / Institution: _____ *Title: _____ Department: _____

*Mailing Address: (No P.O. Boxes please)

*City, *State / Province, *Zip / Postal Code, Country:

*Phone: _____ Fax: _____ *Email: _____

II. Membership Type (Payment is in USD):

- ACAMS Member Chapter Membership: \$ _____ Chapter _____

III. About ACAMS Chapters

- **Chapter Membership:** Membership in the Chapter is optional and contingent upon membership with ACAMS. That is, members of the Chapter must be members of ACAMS.
- **Chapter Dues:** Chapter dues are set and managed at the discretion of the Chapter and approval by ACAMS.
- **Purpose of the Chapter:** The purpose of the Chapters is to enhance members' contributions to larger anti-money laundering efforts by assisting ACAMS in identifying educational needs and facilitating the exchange of ideas among its members regionally.

By signing below, I assert that the information contained in this application is true and correct to the best of my knowledge. I understand that providing false or misleading information on or in connection with this application may constitute grounds for denial or revocation of membership, at the sole discretion of ACAMS.

Signature: _____ Date: _____

Credit Card Payment:

Type of Credit Card ___ Visa ___ MC ___ AMEX ___ Discover (Check One)

Name on Card: _____

Card Number: _____

Expiration Date: ___/20___

CVV Code: _____

-Fax Form To: (305) 373-7788

-Email Form To: cmartinez@acams.org (or) mrodriguez@acams.org

-Mail Payment To:

Association of Certified Anti-Money Laundering Specialists (ACAMS)

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