

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 1: (No P.O. Boxes please)

Mailing Address 2: _____

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

*Phone: _____ Fax: _____ *Email: _____

III. Membership Type (Payment is in USD):

ACAMS New York Chapter: \$50

ACAMS South Florida Chapter: \$50

ACAMS Australasian Chapter: \$50

ACAMS Chicago Chapter: \$50

ACAMS U.S. Capital Chapter: \$50

ACAMS Nigeria Chapter: \$50

Non-ACAMS Chapter Member*: \$75 (Please specify chapter) _____

ACAMS Southern California Chapter: \$100

Non-ACAMS Southern California Chapter Member*: \$125

Corporate ACAMS Southern California Chapter Member: \$75
(5 or more from same institution – NOT AVAILABLE FOR ONLINE PAYMENT)

Government ACAMS Southern California Chapter Member: \$50

I would like to help open an ACAMS Chapter in: _____

IV. About ACAMS Chapters

■ **Chapter Membership**

Membership in the Chapter is optional and contingent upon membership in ACAMS. That is, members of the Chapter must be members of ACAMS, maintain ACAMS membership, and pay the Association and Chapter membership dues as fixed by ACAMS and the Chapter, respectively.

**Membership to a Chapter under the status of a "Non-ACAMS Chapter Member" is non-renewable after one year. Non-Chapter members must join ACAMS to renew their Chapter membership.*

■ **Chapter Dues**

Chapter dues are set and managed at the discretion of the Chapter and approval by ACAMS. Chapter membership can be renewed concurrently and seamlessly with ACAMS membership; therefore, annual dues are paid directly and concurrently with ACAMS membership renewal.

■ **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: _____

Mailing Address:

The Association of Certified Anti-Money Laundering Specialists (ACAMS)
Brickell Bayview Center • 80 Southwest 8th Street, Suite 2350 • Miami, FL 33130

Credit Card Payment:

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

Name on Card: _____

Card Number: _____

Expiration Date: ___/20___

CVV Code: _____

-Mail Payment To: Mailing Address

-Fax Form To: (305) 373 – 7788

-Email Form To: cmartinez@acams.org