



Southern California Fraud Investigators' Association

P.O. Box 80718, Rancho Santa Margarita, CA 92688

MEMBERSHIP RENEWAL FORM

To renew your membership, please provide updated information requested below. Return this form to SCFIA, along with your check for \$50.00 (made out to SCFIA) or credit card authorization for \$55.00. If you have any questions, please contact the Secretary or any Board member. **PLEASE PRINT CLEARLY OR TYPE ANY CORRECTIONS**

Name: _____

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Please indicate form of payment:

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Visa Master Card **(Note: Only Visa/MasterCard accepted. A \$5.00 fee will be added to renewals paid by credit card.)**

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Please list two people whom you would recommend for membership:

Name: _____

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