

Member Inquiry Request Form

Member's Information:

Member's Full Name

Identifying Information (NAFI Number, Birthday, City & State, Company Name, etc.)

Requester's Information:

Name:

Company:

Address:

Email address:

Telephone Number:

Reason for Inquiry

Litigation Related

Employment Related

Other



NAFI'S OFFICE USE ONLY

Member's Full Name

Additional Information is needed, no information can be provided at this time.

Membership Status

CFEI	Yes	No
	Valid	Invalid
		Reason:
Certification date		
Recertification date		
CFII	Yes	No
	Valid	Invalid
		Reason:
Certification date		
CVFI	Yes	No
	Valid	Invalid
		Reason:
Certification date		
Date Request Received		
-		
Date Request Processed		
Processed by:		