

# (ISC)<sup>2</sup> CHAPTER MEMBER APPLICATION



## CONTACT INFORMATION

Please indicate the individual's name of who is completing this form on behalf of the initiating chapter.

**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Address Information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
**Primary Phone:** \_\_\_\_\_  
**Secondary Phone:** \_\_\_\_\_  
**Primary Email:** \_\_\_\_\_  
**Secondary Email:** \_\_\_\_\_

## MEMBERSHIP AFFILIATION

Are you a member of (ISC)<sup>2</sup>?  **Yes**  **No**

If so, what is your member ID number? \_\_\_\_\_

List other professional associations in which you are a member:

List the certifications that you hold:

Indicate your areas of specialization:



If interested, check the items below in which you would like to participate or contribute to (ISC)<sup>2</sup> Corporate. Based on your feedback, (ISC)<sup>2</sup> will contact you with future opportunities.

- Whitepapers**
- Professional Speaking**
- Item Writing** [(ISC)<sup>2</sup> members only]
- Focus Groups**
- Community Outreach**
- Other:**

---

---

Before submitting your membership application, please review the (ISC)<sup>2</sup> Chapter Member Guidelines.

**I agree to the rules and requirements as outlined in the (ISC)<sup>2</sup> Chapter Member Guidelines.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*