



# CHAPTER MEMBER APPLICATION

## MEMBER CONTACT INFORMATION

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

\_\_\_\_\_

## MEMBERSHIP AFFILIATION

Are you a member of (ISC)²?  Yes  No

If so, what is your (ISC)² ID number? \_\_\_\_\_

List other professional associations in which you are a member:

List the professional certifications that you hold:

Indicate your areas of specialization:

Indicate your areas of interest in which you would like to participate or contribute to (ISC)² Chapters by checking the items below.

- |  |  |
|--|--|
| <input type="checkbox"/> Chapter Leadership/Management | <input type="checkbox"/> Professional Speaking             |
| <input type="checkbox"/> Chapter Education Programs    | <input type="checkbox"/> SSO Volunteer/ Community Outreach |
| <input type="checkbox"/> Chapter Events                | <input type="checkbox"/> Other:                            |

Provide your feedback on the opportunities you hope to gain by joining an Official (ISC)² Chapter:

Before submitting your application, please review the [\(ISC\)² Chapter Member Guidelines](#).

I agree to the rules and requirements as outlined in the (ISC)² Chapter Member Guidelines.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature or (Print First MI Last Name)