(ISC)² CHAPTER MEMBER APPLICATION



CONTACT INFORMATION

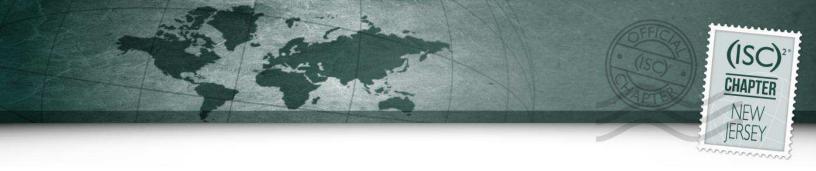
Please indicate the individual's name of who is completing this form on behalf of the initiating chapter.

| Name: | | | | | | |
|-----------------------------------------------------------------|-----------|--|-----|------|--|--|
| Title: | | | | | | |
| Employer: | | | | | | |
| Primary Email: Secondary Email: | | | | | | |
| MEMBERSHIP AFFILIATION | | | | | | |
| Are you a member of (ISC) ² ? | | | Yes | ☐ No | | |
| If so, what is your member II | o number? | | | | | |
| List other professional associations in which you are a member: | | | | | | |
| List the certifications that you h | old: | | | | | |
| | | | | | | |
| Indicate your areas of specializa | tion: | | | | | |
| | | | | | | |
| <u> </u> | | | | | | |



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

| | Whitepapers Professional Speaking Item Writing [(ISC)² members only] Focus Groups Community Outreach Other: | | | | |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Do you live or work in state of New Jersey? | | | | | |
| | Live in New Jersey Work in New Jersey Live and Work in New Jersey Please provide township name(s): | | | | |
| | | | | | |
| How many years of experience you | have in Information security field? 0-2 years 3-5 years 6-10 years 11-15 years More than 15 years | | | | |
| How often should we have chapter meetings? | | | | | |
| | 4 weeks 6 weeks 8 weeks | | | | |
| What would be your preferred location for chapter meetings? | | | | | |
| | North Jersey South Jersey Central Jersey Other: | | | | |
| | | | | | |



| What is the preferred time for chapter meetings? | | | | |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--|--|--|
| | Morning (8 am – 12 pm) Lunch hours (12 pm – 2 pm) Evening (6 pm – 9 pm) | | | |
| What is the preferred day for chapter meetings? | | | | |
| | Monday Tuesday Wednesday Thursday Friday Saturday | | | |
| What is the preferred mode for chapter meetings? | | | | |
| | In-person Online | | | |
| How far are you willing to commute to attend chapter meetings? | | | | |
| | 0-10 miles 10-20 miles 20-30 miles 30-40 miles | | | |
| What are specific items that chapter should work on? | | | | |
| | Learning Courses Professional Networking Professional Development Security Awareness Projects Other: | | | |
| | | | | |



| How can you contribute to the cha | pter? | |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------|
| | CISSP Instructor Mentor Partner Sponsor Other: | |
| Annual chapter membership fee: | \$40 for (ISC) ² member \$50 for non-(ISC) ² member | |
| ☐ I certify that the above is true a Bylaws and Code of Professional E Signature | • | knowledge. I agree to abide by the |
| Signature | | Dule |