



American Board of Information Security and Computer ForensicsSM

Application Form

First Name _____ M.I. _____ Last Name _____ DOB _____
Address _____ City _____ State _____ ZIP _____
Office Phone _____ Home Phone _____ Fax Number _____
E-Mail _____ Cell Phone _____ Designation _____
License Number/State (If Applicable) _____ Primary Specialty Area _____

Membership Categories

Check **one** of the following levels of membership. **Please submit** a portfolio documenting background and experience which includes resume, degree (if applicable), relevant training certificates (maximum of 10), and military active/discharge status (if applicable).

Requirements for Membership in ABISCF:

- US citizen
- Minimum of an Associates' degree in information technology (or related field) or Military/Law Enforcement IT related training
- 5 years experience in the field of information technology

Membership Categories:

- Current ABCHS or ACFEI Member:** ID # _____ Associate Member dues: \$50
- New Member:** \$215 (Annual dues \$165 and Associate Member dues \$50)
- Life Member:** \$2500 (Never pay dues again)
- Full-time Student Member** dues: \$65

Divisions

Divisions allow you to network with your fellow colleagues as well as give potential clients the opportunity to contact you. Your name, phone number, and email (if selected) will be listed on our website under each division you select. Please mark all divisions to which you are applying. Each division is \$35 per year.

- | | | |
|--|---|---|
| <input type="checkbox"/> Access Control | <input type="checkbox"/> Database Security | <input type="checkbox"/> Network & Telecom Security |
| <input type="checkbox"/> Auditing & Compliance | <input type="checkbox"/> Ethical Hacking | <input type="checkbox"/> Virus & Spyware Research |
| <input type="checkbox"/> Business Continuity & Risk Management | <input type="checkbox"/> Government & Military | <input type="checkbox"/> Training & Education |
| <input type="checkbox"/> Computer Forensics | <input type="checkbox"/> Investigations & Legal Issues | <input type="checkbox"/> Wireless Security |
| <input type="checkbox"/> Cryptography & Encryption | <input type="checkbox"/> Internet & E-Commerce Security | |
- Yes, I would like my contact information listed on the website.
 No, I do not want my information listed on the website.

Total \$ _____

Payment Information

You may choose the payment method that is most convenient (personal/company check or credit card). Payment plans are available with a minimum of \$150 or more down payment and the balance can be paid in monthly installments (\$100 minimum) automatically charged to your credit card. Certificate(s) will be issued upon full payment. Annual membership dues for the year are \$165 for members and \$190 for certified members. There is a \$50 administrative fee for all cancelled or denied applications.

- Visa MasterCard American Express Check Enclosed (Payable to ABCHS)
- Paid in full \$ _____
- Please accept \$ _____ (min. \$150) as down payment and charge \$ _____ (min. \$100) per month until balance is paid in full.

Card Number _____ Expiration Date _____ Signature _____

Contact Information

- **Phone:** (800) 423-9737 or (417) 881-3818
- **Online:** www.abiscf.us
- **Fax:** (417) 881-1865
- **Mail** your completed application to ABISCF:
2750 E. Sunshine
Springfield, MO 65804