



# American Board of Information Security and Computer Forensics<sup>SM</sup>

## Application Form

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Designation \_\_\_\_\_ License Number/State (If Applicable) \_\_\_\_\_

Primary Specialty Area \_\_\_\_\_ How did you hear about ABISCF?  
\_\_\_\_\_

Please check here if you hold a security clearance.

I certify that the information I have provided to the American Board of Information Security and Computer Forensics<sup>SM</sup> (ABISCF)/the American Board for Certification in Homeland Security, CHS<sup>®</sup> (ABCHS) is true, correct, and complete. I am not providing misleading, false, or deceptive information. I understand that if I have provided misleading, false, or deceptive information, the association will pursue aggressive legal action. I may be asked to provide additional documentation. I understand that ABISCF/ABCHS reserves the right to verify any and all information that I provide. If I misrepresent my credentials, refuse to provide documentation at a later time if asked, or allow my membership with ABISCF/ABCHS to lapse, I understand and agree that my membership and/or certification status will be revoked and my membership terminated. If the documentation required for the credential or membership status for which I am applying is not received within 6 months from the date of application, I understand that no refund will be issued in the event of the cancellation or denial of my application. I agree that I will notify ABISCF/ABCHS in writing of any civil, criminal, or complaint that is made against me. I agree to hold harmless and indemnify ABISCF/ABCHS and its officers, directors, employees, and agents for any misrepresentation of my credentials and for all claims, loss, judgment, or expense. ABISCF/ABCHS does not endorse, guarantee, or warrant the work or opinions of any individual members. Membership does not imply licensing or registration by the organization of a member's qualifications, abilities, or expertise. The objective of ABISCF/ABCHS's publications and the activities that it sponsors are for informative and educational purposes. The views expressed by the authors, publishers, or presenters are their own views and do not necessarily reflect those of ABISCF/ABCHS. ABISCF/ABCHS does not assume any responsibility or liability for its members or subscribers' efforts to apply or use the information, suggestions, or recommendations made by the organization, publication resources, or activities.

### Yes No

- Have you ever been convicted of a felony? If yes, please explain on a separate sheet of paper.
- Have you ever been disciplined, or are you currently under investigation, by a legal or licensing board? If yes, please explain on a separate sheet of paper.

By signing below, I agree to the terms stated above:

Signature \_\_\_\_\_

Print your name as you would like it to appear on your certificate.

Date \_\_\_\_\_

## 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 Member:** ID # \_\_\_\_\_ **Associate Member Fees:** \$50
- New Member:** \$215 (Annual dues \$165 and Associate Member Fees \$50)
- Life Member:** \$2500 (Never pay dues again. Payment plans are available.)

### 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 division to which you are applying. There is a fee of \$35 per year for each division selected.

- |   |  |   |
|---|--|---|
| <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 Manag | <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 Securi  |   |
- 
- 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

**Payment must accompany application.** You may choose the payment method that is most convenient (personal/company check or credit card). Payment plans are available for Life Membership. For the payment plan, a minimum of \$150 or more down payment must be made, and the balance can be paid in monthly installments (\$100 minimum) by check or automatically charged to your credit card. A life certificate will be issued upon full payment. Annual membership dues for the year are \$165 for members or \$190 for certified members. There is a \$75 administrative fee for all cancelled or denied applications. Returned checks will be assessed a \$20 non-sufficient funds fee.

Visa  MasterCard  American Express  Discover  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 \_\_\_\_\_

## The American Board for Certification in Homeland Security, CHS<sup>®</sup> American Board of Intelligence Analysts<sup>SM</sup>

- **Phone:** (877) 219-2519 or (417) 823-2519
- **Online:** [www.ABISCF.us](http://www.ABISCF.us)
- **Fax:** (417) 881-1865
- **Mail** your completed application to ABCHS:  
2750 E. Sunshine  
Springfield, MO 65804