



MEMBERSHIP APPLICATION

Join online and save US \$20.00
www.isaca.org/join

Please complete both sides
U.S. Federal I.D. No. 23-7067291
Phone: +1.847.253.1545 • Fax: +1.847.253.1443
membership@isaca.org

MR. MS. MRS. MISS OTHER _____

Date _____
MONTH/DAY/YEAR

Name _____
FIRST MIDDLE LAST/FAMILY

PRINT NAME AS YOU WANT IT TO APPEAR ON MEMBERSHIP CERTIFICATE

Residence address _____
STREET

CITY STATE/PROVINCE/COUNTRY POSTAL CODE/ZIP

Residence phone _____ Residence facsimile _____
AREA/COUNTRY CODE AND NUMBER AREA/COUNTRY CODE AND NUMBER

Company name _____

Title _____

Business address _____
STREET

CITY STATE/PROVINCE/COUNTRY POSTAL CODE/ZIP

Business phone _____ Business facsimile _____
AREA/COUNTRY CODE AND NUMBER AREA/COUNTRY CODE AND NUMBER

E-mail _____

Send mail to
 Home
 Business

Chapter Affiliation
 Chapter Number (see reverse) _____
or
 Member at large (no chapter within 50 miles/80 km)

How did you hear about ISACA?

<input type="checkbox"/> ISACA Chapter	<input type="checkbox"/> Employer	<input type="checkbox"/> Social Media
<input type="checkbox"/> ISACA Event	<input type="checkbox"/> Friend/Colleague	<input type="checkbox"/> Tradeshow/Seminar
<input type="checkbox"/> ISACA Journal	<input type="checkbox"/> Postal Mail	<input type="checkbox"/> Web Advertisement
<input type="checkbox"/> Do not remember	<input type="checkbox"/> Professor/Teacher	<input type="checkbox"/> Web Site Reference
<input type="checkbox"/> Email	<input type="checkbox"/> Publication	<input type="checkbox"/> Other

Please note: Membership in the association requires you to belong to a chapter when you live or work within 50 miles/80 km of a chapter territory. The name of the chapter is indicative of its territory. If you live farther than 50 miles/80 km from a chapter territory, select member at large. Chapter selection is subject to verification by ISACA International Headquarters. Cities listed in parentheses are a reference to where the majority of chapter meetings are held. Please contact your local chapter at www.isaca.org/chapters for other meeting locations.

ISACA requires members to provide certain demographic information to help us understand and better serve our constituents, and to ensure that we deliver information that is relevant to you.

Current field of employment (check one)

- Advertising/Marketing/Media
- Aerospace
- Education/Student
- Financial/Banking
- Government/Military—National/State/Local
- Health Care/Medical
- Insurance
- Legal/Law/Real Estate
- Manufacturing/Engineering
- Mining/Construction/Petroleum/Agriculture
- Not applicable
- Pharmaceutical
- Public Accounting
- Retail/Wholesale/Distribution
- Technology Services/Consulting
- Telecommunications/Communications
- Transportation
- Utilities
- Other _____

Level of education achieved (indicate degree achieved, or number of years of university education if degree not obtained)

- | | |
|--|---|
| <input type="checkbox"/> one year or less | <input type="checkbox"/> AS Degree |
| <input type="checkbox"/> two years | <input type="checkbox"/> BS/BA Degree |
| <input type="checkbox"/> three years | <input type="checkbox"/> MS/MBA/Masters |
| <input type="checkbox"/> four years | <input type="checkbox"/> Ph.D |
| <input type="checkbox"/> five years | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> six years or more | <input type="checkbox"/> Other _____ |

Certifications obtained (other than CISA, CISM, CGEIT, CRISC)

- | | |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> ACA | <input type="checkbox"/> CPA |
| <input type="checkbox"/> CA | <input type="checkbox"/> MCSE |
| <input type="checkbox"/> CFE | <input type="checkbox"/> PMP |
| <input type="checkbox"/> CIA | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> CISSP | |

Work experience (check the number of years of information systems related work experience)

- | | |
|--|---|
| <input type="checkbox"/> No Experience | <input type="checkbox"/> 10-12 years |
| <input type="checkbox"/> 1-3 years | <input type="checkbox"/> 13 years or more |
| <input type="checkbox"/> 4-6 years | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> 7-9 years | |

Current professional activity (if not your title, please select the BEST match)

- CEO, President, Owner, General/Executive Manager
- CAE, General Auditor, Partner, Audit Head/VP/EVP
- CISO/CSO, Security Executive/VP/EVP
- CIO/CTO, Info Systems/Technology Executive/VP/EVP
- CFO, Controller, Treasurer, Finance Executive/VP/EVP
- Chief Compliance/Risk/Privacy Officer, VP/EVP
- IT Audit Director/Manager/Consultant
- Security Director/Manager/Consultant
- IT Director/Manager/Consultant
- Compliance/Risk/Privacy Director/Manager/Consultant
- IT Senior Auditor (External/Internal)
- IT Auditor (External/Internal Staff)
- Non-IT Auditor (External/Internal)
- Security Staff
- IT Staff
- IT/IS Compliance/Risk/Control Staff
- Professor/Teacher
- Student
- Other

Birth Year _____

Payment due

- Association dues † \$ 135.00 (US)
 - Chapter dues (see reverse) \$ _____ (US)
 - New member processing fee \$ 30.00 (US)*
- PLEASE PAY THIS TOTAL \$ _____ (US)

† For student membership information please visit www.isaca.org/student

* Membership dues consist of Association dues, chapter dues and new member processing fee. Join online and save US \$20.00.

Membership dues are nonrefundable and nontransferable.

Mail your application and check to:

ISACA • 1055 Paysphere Circle • Chicago, IL 60674 • USA

Method of payment

- Check payable to "ISACA" in US dollars, drawn on US bank
- Send invoice (Applications cannot be processed until dues payment is received.)
- MasterCard VISA American Express Diners Club

All payments by credit card will be processed in US dollars

Credit Card # _____

Print name of cardholder _____

Expiration date _____
MONTH/YEAR

Signature _____

The dues amounts on this application are valid 1 August 2011 through 31 May 2012.

By applying for membership in ISACA, members agree to hold the association and its chapters, and the IT Governance Institute, and their respective officers, directors, members, trustees, employees and agents, harmless for all acts or failures to act while carrying out the purposes of the association and the institute as set forth in their respective bylaws, and they certify that they will abide by the association's Code of Professional Ethics (www.isaca.org/ethics).

Full payment entitles new members to membership from the date payment is processed by International Headquarters through 31 December 2012. No rebate of dues is available upon early resignation of membership.

Contributions, dues or gifts to ISACA are not tax deductible as charitable contributions in the United States. However, they may be tax deductible as ordinary and necessary business expenses.

Your contact information will be used to fulfill your request to become an ISACA member, and may also be used by ISACA to send you information about related ISACA goods and services, and other information in which we believe you may be interested. As an ISACA member, we will be sure to keep you up-to-date on the latest products and services that are available to our community. By applying for membership, you confirm the information provided on this form is complete and accurate, and you authorize ISACA to contact you at the address and numbers you have provided, including to provide you with marketing and promotional communications. You further represent that the information you provided is yours and is accurate. To learn more about how we use the information you have provided on this form, please read our Privacy Policy, available at www.isaca.org. Should you elect to attend one of our events or purchase other ISACA programs or services, information you submit may also be used as described to you at that time.

