

# ARKANSAS 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)<sup>2</sup>?  Yes  No  
If so, what is your (ISC)<sup>2</sup> 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)<sup>2</sup> 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)<sup>2</sup> Chapter:  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date