

INFORMATION SECURITY AND FORENSICS SOCIETY

GPO Box 11059 General Post Office Hong Kong

Hong Kong Tel: +852 2857 8451 URL: www.isfs.org.hk

Fax: +852 2803 2041 Email: contact@isfs.org.hk

MEMBERSHIP APPLICATION FORM

Part A (For application of Full Member or Affiliate Member)

Family Name : Given Name : DOB :								
Chinese Name : Passport No. : Sex : Company Name : Title : Position : Company Address :								
Title : Position : Company Address :								
Company Address :								
Residential Address :								
Correspondence Address : Company Address Residential Address Contact Tel : Fax : Email :								
II Academic Qualifications (with copies of certificates & transcript attached)								
Academic Qualification Attained Date Achieved University/Institute/College Country								
	-							
(If there is not enough space, please feel free to add extra pages.)								
III Professional Qualifications (with copies of certificates attached)								
Professional Qualification Attained Date Achieved Professional Institute Country								
	_							

(If there is not enough space, please feel free to add extra pages.)

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Signature :

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	Dates (date/month/year) Name of		Position Held	Outline of Duties	
Fr	rom To	Employment Institution	(if part-time, state PT)		
	-				
	-				
	-				
(If the	ere is not enough space, plea	ase feel free to add ex	tra pages.)		
\mathbf{V}	Applying Members	ship (please 🗵 as ap	opropriate)		
Full Member			Affiliate Member		
Par	t B (For Applicatio	on of Corporate	e Member)		
_	t B (For Application Corporate Informa	-	e Member)		
_	•	tion	ŕ		
_	Corporate Informa	tion	·		
Par I	Corporate Informa	ation			
_	Corporate Informa Corporate Name: Nature of Business: Corporate Address:	tion			
_	Corporate Informa Corporate Name: Nature of Business: Corporate Address:	tion			
_	Corporate Informa Corporate Name: Nature of Business: Corporate Address: Contact Person:	tion			
I	Corporate Informa Corporate Name: Nature of Business: Corporate Address: Contact Person:	tion			
Par	Corporate Informa Corporate Name: Nature of Business: Corporate Address: Contact Person: Contact Tel: t C (Agreement)	Fax:	Email:		
Par 1.	Corporate Informa Corporate Name: Nature of Business: Corporate Address: Contact Person: Contact Tel: t C (Agreement) I hereby make applied I understand the Social	Fax:cation for Informaticity has absolute j	Email: ation Security and Formula power to approve or	orensics Society membership reject my application.	
Par	Corporate Informa Corporate Name: Nature of Business: Corporate Address: Contact Person: Contact Tel: t C (Agreement) I hereby make applied I understand the Social I become a member of the same in the social I become a member of the same in the	Fax:cation for Informaticity has absolute j	Email: ation Security and Formula power to approve or	orensics Society membership	
Par 1. 2.	Corporate Informa Corporate Name: Nature of Business: Corporate Address: Contact Person: Contact Tel: t C (Agreement) I hereby make applied I understand the Social I become a memband Code of Ethics. I have noted the Person	Fax: cation for Informaticity has absolute per, I undertake to sonal Data (privaction)	Email: ation Security and Formula power to approve or the governed by the security and age.	orensics Society membership reject my application. Society's Constitution, Bylav gree my personal data to be	
Par 1. 2. 3. 4.	Corporate Informa Corporate Name: Nature of Business: Corporate Address: Contact Person: Contact Tel: t C (Agreement) I hereby make applied I understand the Society I become a membine and Code of Ethics. I have noted the Person I have noted the Person I have noted the Society	Fax: cation for Informaticity has absolute per, I undertake to sonal Data (privace) administrative a	Email: Email: ation Security and Formula power to approve or be governed by the standard correspondence and againd correspondence.	orensics Society membership reject my application. Society's Constitution, Bylav gree my personal data to be purposes.	
Par 1. 2. 3.	Corporate Informa Corporate Name: Nature of Business: Corporate Address: Contact Person: Contact Tel: t C (Agreement) I hereby make applied I understand the Social I become a memband Code of Ethics. I have noted the Person	Fax: cation for Informative has absolute per, I undertake to sonal Data (privace's administrative attion given to be continuous to be continu	Email: Email: tion Security and For power to approve or be governed by the second correspondence correct and complete.	orensics Society membership reject my application. Society's Constitution, Bylav gree my personal data to be purposes.	

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Date:



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Notes

- 1. Please fill in block letters and send the completed application form with supporting document to "Information Security and Forensics Society, GPO Box 11059, General Post Office, Hong Kong."
- 2. In submitting the application form, please accompany a crossed bank cheque in an amount specified in paragraph 3. The cheque should be made payable to "**Information Security and Forensics Society**" only.
- 3. Membership fee for Full Membership is HK\$800.00 per annum. Membership fee for Affiliate Membership is HK\$200.00 per annum. Membership fee for Corporate Membership is HK\$100,000.00 per annum. No membership fee is required for Honorary Membership.

FOR OFFICE USE ONLY

Application Reference :				
Membership:	Full □	Affiliate □	Honorary □	Corporate □
Membership Number:				
Processed By :				
Approved By:				
Remarks:				

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