



High Technology Crime Investigation Association, Inc.

APPLICATION FOR INDIVIDUAL MEMBERSHIP

Please type or print:

Legal First Name: _____ MI: ____ Last Name: _____

Preferred First Name: _____ Membership Type (*Check one*): Law Enforcement Industry

I am applying for membership in the _____ chapter of HTCIA.

I am a citizen of _____ (country) Employer: _____

Position/Title: _____ Department: _____

Business Phone: _____ Business Street Address: _____

Phone Number to Call for Verification of Employment (other than your own): _____

City, State, Zip: _____

Mobile: _____ Fax: _____

Email: _____

Description of duties and areas of expertise: _____

(Attach additional pages as necessary.)

I prefer that HTCIA mailings be sent to my home. If checked, please enter home address below:

Home Street Address: _____

City, State, Zip: _____

Home Phone: _____ Home Email: _____

HTCIA MEMBERSHIP SPONSORS: *Application will not be accepted without sponsors.*

I am a member in good standing with HTCIA and, as such, sponsor this applicant for membership. I have personal knowledge that the applicant is involved in high technology security/investigations. I believe the applicant will support the purposes and objectives of the HTCIA as stated in Article II of the Association's Bylaws.

Sponsor Name: _____

Work Phone: _____

Home Phone: _____

Signature: _____ Date: _____

Sponsor Name: _____

Work Phone: _____

Home Phone: _____

Signature: _____ Date: _____

HTCIA APPLICANT AUTHORIZATION: *Application will not be accepted without signature.*

I hereby authorize agents of the HTCIA to conduct an investigation of my application, which may consist of employment, background, and public record checks, to determine my suitability for membership. The undersigned applicant declares that he/she meets the requirements and qualifications for membership in the HTCIA as set forth in Article V of the Association's Bylaws.

 Applicant Signature (**REQUIRED**)

 Date

HTCIA USE ONLY	Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	Date _____
Chapter President's Signature: _____			
Chapter Delegate's Signature: _____			
Emailed applicant <input type="checkbox"/>			

HTCIA CODE OF ETHICS:

I will support the purpose and objectives of the HTCIA, as stated in Article II, Section III of the Association’s Bylaws and reaffirm such with my signature on this document.

I understand that HTCIA activities should be conducted in an atmosphere free of uninvited commercial distractions. As participants in this professional organization, HTCIA members have the expectation and the right to attend association functions without being the object of sales presentations, and attempts by members to solicit business is strictly prohibited.

I agree to respect the confidential nature of any sensitive information, procedures, or techniques that I become aware of due to my involvement with the HTCIA. I will not disclose such confidential material to anyone who is not a member in good standing of the HTCIA without written permission from the HTCIA Board of Directors and my Chapter Officers.

Applicant Signature (REQUIRED)

Date

HTCIA NEW MEMBER DUES PER CHAPTER (US \$):

At-Large Chapters (Africa, Asia/Pacific Rim, Europe, South America)	\$50
Arizona.....	\$40
Atlanta.....	\$50
Atlantic Canada.....	\$60
Austin.....	\$35
Bay Area.....	\$50
British Columbia.....	\$68
Carolinas.....	\$40
Central California.....	\$40
Central Valley	\$50
Connecticut.....	\$50
Del. Valley/Philadelphia...	\$30
Idaho	\$50
Louisiana	\$40
Michigan	\$60
Mid-Atlantic	\$40
Midwest.....	\$40
Minnesota.....	\$30
MO-Kan.....	\$40
Mountain States.....	\$40
New England.....	\$50
Northeast.....	\$50
Northern California.....	\$50
Ohio	\$50
Oklahoma.....	\$30
Ontario	\$68
Ottawa.....	\$50
San Diego.....	\$40
Silicon Valley.....	\$50
Southern California.....	\$50
Southwest.....	\$40
Texas Gulf Coast	\$40
Tri-State/Pittsburgh	\$40
United Kingdom.....	\$40
Washington.....	\$50
Western Canadian.....	\$68

PAYMENT METHOD: *Application will not be accepted without payment.*

(Note: Dues are not processed until your membership is approved.)

Check (enclosed) Credit Card

Card Type: Visa MasterCard American Express Diners Club

Card Number: _____ Exp. Date (MM/YY): _____

Cardholder Signature: _____

Fax or Mail your completed 2-page application with payment to:

**HTCIA
4021 Woodcreek Oaks Boulevard, Suite 156, PMB 209
Roseville, CA 95747
Phone: 916.408-1751
Fax: 916.408-7543**