



MEMBERSHIP REGISTRATION FORM

Your Name: _____

Your Position: _____

Organization Name: _____

Number of Employees: _____

Street Address: _____

City, State, ZIP, Country: _____

Business Telephone: _____

E-Mail Address: _____

I was referred to CIS by
someone from the
following CIS Member
Organization or Individual
Member: _____

Other: _____

Please check the level of Annual Membership for which you qualify:

_____ \$20,000 – Security Software Company (CIS Certification Member)

_____ \$14,000 – Consultant, Auditor, Software Company

_____ \$ 9,000 – Large User Organization (100 employees or more)

_____ \$ 4,500 – EDUCAUSE Institutional Members (50% discount off of Large User Organization membership fee)

_____ \$ 2,500 – Small User Organization (fewer than 100 employees)

_____ \$ 300 – Individual**

_____ ****Please initial here** – In applying for individual membership, I certify that I am not affiliated with an organization, or that my organization will not reimburse me for

the membership fee. I acknowledge that as an Individual Member, I am not eligible to distribute the CIS Benchmarks and/or Scoring Tools within my organization.

For new members, the membership fee covers a one year period beginning upon receipt of this application and payment of the membership fee. For renewing members, the membership fee extends the term of the renewing member's current membership by one full year.

_____ – New Membership Enrollment (check here)

_____ – Renewing Member (check here)

Please indicate method of payment:

_____ Check (enclosed with this form)

_____ VISA

_____ MC

_____ American Express

_____ Wire/EFT Transfer (Payment of the CIS Membership Fee may be made by wire transfer or Electronic Funds Transfer (EFT). If your organization wishes to process payment by this method, please contact Steve Kreitner at skreitner@cisecurity.org for the CIS Banking information.)

Card Number: _____

Expiration Date: ____/____

Name as it appears on Credit Card: _____

Telephone Number of Card Holder: _____

Please provide your comments or suggestions:

Please print and complete this form, then either fax it to (717) 533-6847 (for credit card payments) or mail it with a check to:

The Center for Internet Security
P.O. Box 433
Hershey, PA 17033

Make your check payable to "The Center for Internet Security"