



NCMS, Inc.

The Society of Industrial Security Professionals

A NON-PROFIT ORGANIZATION
EXECUTIVE SECRETARY, 994 Old Eagle School Road, Suite 1019, Wayne, PA 19087-1866
(610) 971-4856 • FAX (610) 971-4859 • <http://www.classmgmt.com>

APPLICATION FOR MEMBERSHIP

Membership Qualifications are as follows:

- (a) Regular Members must be United States citizens and possess qualifications to include employment in United States industry, United States government (including the Military Services) or the scientific or academic community, with a responsibility for carrying out a function or functions of classification management or related information security programs or for research or education in the Society's areas of interest.
- (b) Once Regular Membership has been established and Membership dues kept current, a Member's continued employment in the area of classification management or information security is not mandatory. However, once a break in Regular Membership occurs, all qualifications as specified herein must be met for a former Member to be considered for new Regular Membership.
- (c) Individuals who are not United States citizens or United States citizens working for or representing a foreign employer shall be considered eligible for Membership provided that:
 - (1) They meet the standards required in Paragraphs (a) or (b) above; and,
 - (2) They are employed in or by a country or facility with which the United States has a reciprocal security agreement and/or has a facility clearance granted and/or recognized by the United States.

Entrance fee and dues (please remit with application):

| | |
|------------------------|--|
| \$30.00 (Entrance Fee) | <i>After July 1st:</i> \$30.00 (Entrance Fee) |
| \$90.00 (Annual Dues) | \$45.00 (Half Dues) |
| \$120.00 Total | \$75.00 Total |

Make check or money order payable to "NCMS, Inc." and mail with application to address above.
NCMS also accepts MasterCard, Visa, or AMEX!

Type of Card: MasterCard Visa AMEX

Card# _____ CVV(Security Code): _____

Billing Address: _____

Expiration Date: _____ Name appearing on Card: _____

(Contributions or gifts to NCMS are NOT tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.)

NCMS Returned Check and Credit Card Payment Policy: It is NCMS policy to assess a \$20 fee for all checks received by NCMS that are returned due to insufficient funds, stop payment requests, etc. The individual is responsible for the original charge plus the \$20 fee in order to complete processing. This applies to all NCMS-related products and services including, but not limited to, member dues, ISP applications and workbooks, Annual Training Seminar registration fees, advertising space, and NCMS Store items. This policy also applies to credit card disputes originated by the individual for legitimate charges. Please call us directly if you see a charge on your credit card from NCMS and are unsure of what it is for, If the charge is our error, we will credit your card immediately. If it is a legitimate charge for any NCMS product or service and the charge was disputed, the individual will be charged a \$20 fee in addition to the original charge.

Please complete other side

APPLICATION FOR MEMBERSHIP

I hereby make application for membership in NCMS, Inc. I understand membership is personal.

Name Ms. Mrs. Mr. _____ Citizenship _____
Last First Middle

Mark Address (X) to be used for official correspondence and notices from the society, as well as NCMS Directory Listing.

Home Address _____
Street City State Zip Code

Business Address _____
Agency/Company Name

_____ Street City State Zip Code

Telephone: Office (_____) Ext: _____ FAX:(_____)

Home (_____) Email: _____

Create a password to access the "Members Only" section of the NCMS website. _____

Job Title or Position _____

Brief Description of Your Job _____

Time in Present Position _____ In Present Agency/Company _____

Nature of Employer's Business _____

Prior Positions held (to cover past five years): _____

_____ Dates Position Affiliation

_____ Dates Position Affiliation

I certify that all statements given herein are correct and agree, if accepted for membership in the society, that I will be governed by its bylaws as long as my membership remains in effect.

_____ Date Signature of Applicant

Referred by: _____