



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, sponsored by a Member in good standing, 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) |
| \$75.00 (Annual Dues) | \$40.00 (Dues for balance of calendar year) |
| \$105.00 Total | \$70.00 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# _____

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.)

Please complete other side

Referred by: _____

APPLICATION FOR MEMBERSHIP

I hereby make application for membership in NCMS, Inc. I understand membership is personal and I must be sponsored. If no immediate sponsor is available, send completed application and check to the NCMS Executive Director (address on reverse side) for appropriate referral.

Ms.
Name Mrs. _____ Citizenship _____
 Mr. 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:

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

SPONSOR RECOMMENDATION

Sponsor: Your sponsorship constitutes an initial certification that you are an NCMS member in good standing, and believe the statements contained in the application to be true, and are satisfied that the applicant is eligible for membership.

Sponsor Signature _____ / _____ / _____ Date _____
Printed Name Signature Chapter