**INSTITUTE OF FORENSICS AND ICT SECURITY (IFIS)**

## MEMBERSHIP REGISTRATION FORM

### *A. PERSONAL INFORMATION*

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: ☐ Male ☐ Female

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National ID/Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### *B. PROFESSIONAL DETAILS*

Current Employer (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of Work Experience: ☐ Less than 2 ☐ 2-5 years ☐ 6-10 years ☐ 10+ years

Industry: ☐ Digital Forensics ☐ Cybersecurity ☐ Fraud Examination ☐ Risk Management ☐ Auditing ☐ Law Enforcement ☐ Finance ☐ Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of any other professional body? ☐ Yes ☐ No

If yes, please list all: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### *C. MEMBERSHIP CATEGORY (Tick One)*

☐ Corporate Membership (For companies)

☐ Individual Membership (For professionals with 2+ years of experience)

☐ Student Membership (For current IFIS students)

☐ Fellow Membership (By recommendation and invitation only)

☐ Honorary Membership (By nomination)

☐ Associate Membership (For university graduates, employees, and students of other professional bodies).

To know more about membership fees, visit [www.forensicsinstitute.org](http://www.forensicsinstitute.org)

### *D. EDUCATION & CERTIFICATIONS*

Highest Academic Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Certifications (if any):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### *E. APPLICATION REQUIREMENTS*

Please upload and attach the following documents:

☐ Copy of National ID/Passport

☐ Updated CV/Resume

☐ Copies of academic and professional certificates

☐ Recommendation letter (for Fellow Membership)

☐ Payment proof (if applicable)

### *F. DECLARATION*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that the information provided above is accurate and true. I agree to abide by the IFIS Code of Conduct and uphold professional and ethical standards.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***FOR OFFICIAL USE ONLY***  ☐ Approved ☐ Rejected  Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |