



# High Technology Crime Investigation Association, Inc. APPLICATION FOR INDIVIDUAL MEMBERSHIP

***Please type or print legibly:***

Legal First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Membership Type (*Check one*):  Law Enforcement  Industry  Other \_\_\_\_\_

I am applying for membership in the \_\_\_\_\_ Chapter of HTCIA. I am a citizen of (country) \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Department: \_\_\_\_\_

Business Street Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: (*required*) \_\_\_\_\_

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: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Disapproved

Chapter Delegate's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**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 memberships are valid from January 1 through December 31 of each year. Please note, however, that new memberships approved in the fourth quarter or beginning October 1, of any calendar year are valid through December 31, of the following year.**

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

At-large chapters: Africa, Asia/Pacific Rim, Europe, South America	\$50.00
Arizona	\$40.00
Asia Pacific	\$50.00
Atlanta	\$50.00
Atlantic Canada	\$60.00
Austin	\$50.00
Bay Area	\$50.00
Brasilia	\$30.00
British Columbia	\$68.00
Carolinas	\$40.00
Central California	\$40.00
Central Valley	\$50.00
Connecticut	\$50.00
Delaware Valley/Philadelphia	\$40.00
Idaho	\$50.00
Kansas	\$40.00
Louisiana	\$50.00
Michigan	\$60.00
Mid-Atlantic	\$40.00
Midwest	\$50.00
Minnesota	\$40.00
MO-Kan	\$45.00
Nebraska	\$40.00
New England	\$55.00
Northeast	\$50.00
Northern California	\$50.00
Ohio	\$55.00
Ontario	\$70.00
Ottawa	\$60.00
San Diego	\$45.00
Silicon Valley	\$50.00
Southern California	\$60.00
Southwest	\$40.00
St. Louis	\$40.00
Texas Gulf-Coast	\$45.00
Tri-States/Pittsburgh	\$50.00
Washington State	\$50.00
Western Canadian	\$68.00

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

Check (enclosed)  Credit Card  (Note: Dues are not processed until your membership is approved.)

Card Type: Visa  MasterCard  American Express

Card Number: \_\_\_\_\_ Exp. Date (MM/YY): \_\_\_\_\_

Cardholder Name (print) \_\_\_\_\_ Signature: \_\_\_\_\_

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

**HTCIA  
3288 Goldstone Drive  
Roseville, CA 95747  
PH: (916) 408-1751 ■ FX: (916) 408-7543**