



THE CSO CENTER
FOR LEADERSHIP
& DEVELOPMENT

ASIS International



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Application for CSO Center Membership

To be considered for membership, you must be a member in good standing of ASIS International, and you must complete this application and submit it along with an up-to-date job description and a signed affirmation by your employer or your HR department, on company letterhead, stating that you currently hold this position. The CSO Center Membership Committee will review your materials and present its recommendation to a panel, which makes all final decisions on membership. You will be advised of that decision within 5-7 business days.

Personal Information

First Name _____ Middle Name _____ Last Name _____

ASIS Member Number _____ You MUST be a member of ASIS to join the CSO Center. Visit www.asisonline.org to join.

Security-Related Certifications (check all that apply): CPP PCI PSP APP Other (specify) _____

Title _____

Company _____

Business Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Country _____ Business Phone (including country code, area code/city code) _____

Qualifying Organizations

I work for a corporation with at least \$500 million in gross annual revenue, or a business unit, division, or subsidiary with at least \$300 million in gross annual revenue. 81 Yes 88 No

If no, indicate which phrase most accurately describes your employer:

- Business that provides security services and has at least US\$300 million in GAR, or a business unit, division, or subsidiary with at least US\$300 million in GAR
- Significant government department or agency
- Significant not-for-profit or nonprofit organization
- Business, agency, facility, or organization with distinctive and notable global or national significance
- Critical Infrastructure

Qualifying Individuals within Qualifying Organizations

Describe your level of responsibility within the organizational hierarchy:

- I am the highest-level security professional in my qualifying organization with security duties that fall along the spectrum of enterprise risk management.
- I am a deputy/direct-report of an individual who is the highest-level security professional in my qualifying organization. (Name/title of that individual _____)

My duties cover fields such as (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Traditional security management | <input type="checkbox"/> Disaster management | <input type="checkbox"/> Risk management |
| <input type="checkbox"/> IT security | <input type="checkbox"/> Facilities management | <input type="checkbox"/> Auditing |
| <input type="checkbox"/> Business continuity | <input type="checkbox"/> Health and safety | <input type="checkbox"/> Investigations |
| <input type="checkbox"/> Compliance | <input type="checkbox"/> Loss prevention | <input type="checkbox"/> Legal issues |

If you are the highest-level security professional in the organization, you may nominate up to four deputies or direct-reports to apply for CSO Center Membership. Each deputy/direct report applicant must provide a current job description, affirmation, and completed application form, as well as payment for membership. Complete the following for those you wish to nominate:

Name 1	Title
Company	Email Address
Name 2	Title
Company	Email Address
Name 3	Title
Company	Email Address
Name 4	Title
Company	Email Address

Statement and Signature

I certify that all information herein is true and complete to the best of my knowledge and belief. I authorize verification of this information, and release all concerned from any liability in connection therewith. I certify that I am a member in good standing of ASIS International. I further certify that I have read and understand the qualifications of membership in and the dues paying requirements of the CSO Center. Providing false or misleading information in this application form or failure to adhere to ASIS bylaws and code of ethics shall be grounds for denial of membership or expulsion from the CSO Center whenever discovered. I understand that ASIS Membership is a prerequisite for membership in the CSO Center, that denial of membership in ASIS disqualifies me from membership in the CSO Center, and that expulsion from ASIS automatically triggers expulsion from the CSO Center.

Signature	Date
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CSO Center Dues

Membership is individual and is not transferable from one person to another. Dues are \$500 annually on a calendar basis.

The CSO Center dues are in addition to the membership fee for ASIS International. Contributions or gifts to ASIS are nondeductible as charitable contributions, but dues payments may be deductible as ordinary business expenses.

ASIS FED. ID #53-0234507

Total Payment in U.S. Dollars \$ _____

Method of Payment (Please print clearly)

- Check enclosed.
 - All checks must be in U.S. dollars and drawn on a U.S. bank.
 - There is a \$25 returned check charge.
 - Applicant is responsible for all bank and other fees if payment is made by wire transfer.
- Wire Transfer.
 - Wire: Wells Fargo Bank
 - SAN FRANCISCO, CA USA
 - ABA Routing #: 121000248
 - Swift Code: WFBUS6S
 - Credit: ASIS International Operating Account
 - Account #: 2000028808240
 - Payment Detail: Be sure to include your name and ASIS contact ID number

For your security and protection, we will no longer accept credit card information on the statement coupon.
Please call Twila Zoerner at +1.703.518.1441 to process your payment.

Your application submission **must** include:

- Signed and dated application
- Up-to-date job description
- Affirmation by employer on organization letterhead
- Payment