





1625 Prince Street Alexandria, VA 22314-2882 USA +1.703.519.6200 Fax: +1.703.518.1473 www.asisonline.org

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 with the required document. 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 7-10 business days.

Personal Information

First Name		Middle Name	Last N	ame
ASIS Member Number	You MUST be a member o	of ASIS to join the C	50 Center. Visit www.asi	sonline.org to join.
Security-Related Certifica	tions (check all that apply):		SP 🗅 APP 🗅 Other (spe	cify)
Title				
Company				
Business Address				
City	:	State/Province	ZIP/Po:	stal Code
Country		Business Phone (including country code, area code/city code)		

Applicants must meet both organization and individual requirements below:

Qualifying Organizations

I work for one of the following:

- A corporation with at least US \$300 million in gross annual revenue, or a business unit, division, or subsidiary with at least US \$300 million in gross annual revenue or the foreign equivalent
- □ Business that provides security services or consultancy that has at least US \$300 million in GAR, or a business unit, division, or subsidiary with at least US \$300 million in GAR or the foreign equivalent
- Significant not-for-profit, nonprofit or NGO organization
- Government/Public Sector (National/Regional/Local-non-law enforcement)
- Law Enforcement/Public Safety/Justice

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 ______
- For full eligibility requirements, please visit asisonline.org/membership/cso-center/cso-membership-qualifications/

Your application submission **must** include:

- Signed and dated application
- Up-to-date job description
- □ Affirmation by employer on company letterhead (For a Deputy CSO applicant, this should be from the CSO)
- D Organizational chart showing reporting structure both upchain and downchain
- Payment

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 submit their own application and materials.

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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

CSO Center Dues

Membership is individual and is not transferable from one person to another. Dues are \$600 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
 M&T Bank, Fairfax, Va.
 ABA Routing #: 052000113
 Swift Code: MANTUS33
 Credit: ASIS International Inc. Operating Account Account: 9883143167
- 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 ASIS Member Services at +1.703.519.6200 to process your payment.

Mail: ASIS International Inc, P.O. Box 69417, Baltimore, Maryland 21264-9417 Scan and e-mail: CSOCenter@asisonline.org

Questions?

Contact the CSO Center at +1.703.518.1500