



Digital Forensics Association Application for Individual Membership

First Name: Last Name:

Street Address:

City: Zip Code:

State/Province/Region:

Email:

Contact Phone:

Secret Question*:

Secret Answer*:

*Used for account verification

Membership Type (Choose One):

Student (include copy of proof of enrollment) **Annual Fee: \$20.00**

School:	<input type="text"/>		
School Address:	<input type="text"/>		
City:	<input type="text"/>	Zip Code:	<input type="text"/>
State/Province/Region:	<input type="text"/>		

Professional **Annual Fee: \$40.00**



Digital Forensics Association Application for Individual Membership (Cont.)

I am interested in:

- Volunteer Opportunities
- Research Opportunities
- Starting a Local Chapter

Digital Forensics Association Code of Ethics:

I will support the purpose and objectives of the Digital Forensics Association (DFA), and reaffirm such with my signature on this document. I understand that DFA activities should be conducted in an atmosphere free of uninvited commercial distractions. As participants in this professional organization, DFA 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 DFA. I will not disclose such confidential material to anyone who is not a member in good standing of the DFA without prior written permission from the DFA Board of Directors.

Applicant Signature (REQUIRED)

Date

Send completed application and fee in United States Dollars (check or money order, do not send cash) to:

**Digital Forensics Association
ATTN: Membership Dept.
2150 Portola Avenue, Suite D-143
Livermore, CA 94551**