



APPLICATION FOR INDIVIDUAL MEMBERSHIP

PLEASE COMPLETE AND SUBMIT THIS APPLICATION BY EITHER MAIL OR SCAN AND EMAIL TO CDFS USING THE CONTACT INFORMATION BELOW. MEMBERSHIP RIGHTS AND PRIVILEGES WILL NOT COMMENCE UNTIL MEMBERSHIP IS APPROVED AND PAYMENT IS RECEIVED IN FULL. ANNUAL MEMBERSHIP DUES FOR INDIVIDUAL MEMBERS IS \$75.00, HOWEVER, INDIVIDUAL MEMBERS MAY BE ELIGIBLE FOR A DISCOUNTED MEMBERSHIP IF THEY BELONG TO A CDFS ORGANIZATIONAL MEMBER ENTITY. TO SEE A COMPLETE LIST OF CDFS ORGANIZATIONAL MEMBERS, VISIT [HTTP://WWW.CDFS.ORG](http://www.cdfs.org)

Consortium of Digital Forensic Specialists
 1642 Horsepen Hills Road
 Maidens, Virginia 23102
 membership@cdfs.org

NAME		TITLE	
ORGANIZATION			
ADDRESS			
CITY		STATE	
ZIP		COUNTRY	
TELEPHONE		FAX	
EMAIL		MOBILE	
I AM AFFILIATED WITH THE FOLLOWING CDFS ORGANIZATIONAL MEMBER			
PAYMENT TYPE	CHECK	CREDIT CARD	INVOICE ME

Please complete this application by filling all fields in their entirety. Print and sign the application and then submit by mail or scan and email. Upon receipt, your application will be reviewed and, provided it is complete, accepted by counter-signature. CDFS' acceptance of a signed membership application shall have the effect of a binding agreement between CDFS and the designated member. Members are responsible for the timely payment of applicable dues and fees as set by the Board of Directors. By their signature below, applicants/members affirm that they are involved in the digital forensic profession. Applicants/members agree to comply with the terms and conditions of applicable provisions of the CDFS bylaws, Code of Ethics, resolutions, and policies as set by the CDFS Board of Directors. Members may cancel their membership at any time; however, members choosing to cancel membership are not eligible for a refund of member dues.

By signing below, the applicant hereby acknowledges and agrees to the terms and conditions set forth in this member application.

APPLICANT AUTHORIZATION

ACCEPTED, BY CDFS, ON _____

BY: _____

BY: _____

NAME _____

NAME _____

DATE: _____

TITLE: _____