

MR. MS. OTHER _____

Date _____
MONTH/DAY/YEAR

Name _____
FIRST MIDDLE LAST/FAMILY

University Name _____

University Address _____
STREET
CITY STATE/PROVINCE/COUNTRY POSTAL CODE/ZIP

University phone _____ University Facsimile _____
AREA/COUNTRY/CITY CODE AND NUMBER AREA/COUNTRY/CITY CODE AND NUMBER

Home address _____
STREET
CITY STATE/PROVINCE/COUNTRY POSTAL CODE/ZIP

Home phone _____ Home facsimile _____
AREA/COUNTRY/CITY CODE AND NUMBER AREA/COUNTRY/CITY CODE AND NUMBER

E-mail _____

Send mail to

- Home
 University

I do not want to be included on a mailing list, other than for association mailings.

How did you hear about ISACA?

- | | | |
|--|--|---|
| <input type="checkbox"/> ISACA Chapter | <input type="checkbox"/> Employer | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> ISACA Event | <input type="checkbox"/> Friend/Colleague | <input type="checkbox"/> Tradeshow/Seminar |
| <input type="checkbox"/> ISACA Journal | <input type="checkbox"/> Postal Mail | <input type="checkbox"/> Web Advertisement |
| <input type="checkbox"/> Do not remember | <input type="checkbox"/> Professor/Teacher | <input type="checkbox"/> Web Site Reference |
| <input type="checkbox"/> Email | <input type="checkbox"/> Publication | <input type="checkbox"/> Other |

<p>Certifications obtained (other than CISM, CISA, CGEIT, CRISC)</p> <p>1 <input type="checkbox"/> CPA 2 <input type="checkbox"/> CA 3 <input type="checkbox"/> CIA 4 <input type="checkbox"/> CBA 5 <input type="checkbox"/> CCP 6 <input type="checkbox"/> CSP 7 <input type="checkbox"/> FCA 8 <input type="checkbox"/> CFE 9 <input type="checkbox"/> MA 10 <input type="checkbox"/> FCPA 11 <input type="checkbox"/> CFSA 12 <input type="checkbox"/> CISSP 99 <input type="checkbox"/> Other _____</p>	<p>Teaching experience (check the number of years of Information Systems teaching experience)</p> <p>1 <input type="checkbox"/> No experience 2 <input type="checkbox"/> 1-3 years 3 <input type="checkbox"/> 4-7 years 4 <input type="checkbox"/> 8-9 years 5 <input type="checkbox"/> 10-13 years 6 <input type="checkbox"/> 14 years or more</p>	<p>Current professional activity 16 <input type="checkbox"/> Professor/Teacher</p> <p>Primary Functional Area (check one)</p> <p>1 <input type="checkbox"/> Accounting/Audit 2 <input type="checkbox"/> Enterprise Governance of IT/MIS 3 <input type="checkbox"/> Information Security 4 <input type="checkbox"/> Other _____</p> <p>Department _____</p>
---	--	---

<p>Payment due</p> <ul style="list-style-type: none"> • Association dues US \$135.00 • Chapter dues (see attached) <p>PLEASE PAY THIS TOTAL*</p> <p>* Membership dues consist of association dues and chapter dues. Membership dues are nonrefundable and nontransferable.</p>	<p>\$WAIVED (US) \$ _____ (US) \$ _____ (US)</p>	<p>By applying for membership in ISACA, members agree to hold the association and its chapters, and the IT Governance Institute, and their respective officers, directors, members, trustees, employees and agents, harmless for all acts or failures to act while carrying out the purposes of the association and the institute as set forth in their respective bylaws, and they certify that they will abide by the association's code of professional ethics (www.isaca.org/ethics).</p> <p>Full payment entitles new members to membership from the date payment is processed by ISACA International Headquarters through the end of that year. No rebate of dues is available upon early resignation of membership. Contributions, dues or gifts to ISACA are not tax deductible as charitable contributions in the US. However, they may be tax deductible as ordinary and necessary business expenses.</p> <p>Make checks payable to: ISACA</p> <p>Mail your application and check to: ISACA 1055 Paysphere Circle Chicago, IL 60674 USA Phone: +1.847.253.1545 x5562 Fax: +1.847.253.1443</p>
<p>Method of payment</p> <p><input type="checkbox"/> Check payable in US dollars, drawn on US bank <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express <input type="checkbox"/> Diners Club</p> <p>All payments by credit card will be processed in US dollars</p> <p>Account # _____</p> <p>Print name of cardholder _____</p> <p>Expiration date _____ MONTH/YEAR</p> <p>Signature _____</p> <p>Cardholder billing address if different than address provided above: _____ _____</p>		

Degree program

The university of _____ offers course(s) in: (Check all that apply)

- Enterprise governance of IT/MIS
- Information Security
- Audit/Accounting information systems

University web site url: _____

The names of the degrees are as follows: (specify undergraduate or graduate)

Qualifications:

Two faculty members per functional discipline, such as MIS, of Information Security, Accounting and Audit, Enterprise Governance (including IT/IS), Executive Masters programs in Business and specialist Finance degree courses—at universities and/or colleges offering one or more degree courses in the areas outlined—are invited to become Academic Advocates of ISACA. Generally, the faculty member is expected to be a full-time, or recognized adjunct instructor, but special exceptions can be authorized by the university, if there are other arrangements not mentioned here.

I certify that I meet the qualifications above to be an ISACA Academic Advocate.

signature required

Library Trial subscription ISACA Journal

The following is required information for the application of Academic Advocate. A complimentary 3-month trial subscription of the ISACA Journal will be provided to your library.

Date: _____
Month/Day/Year

Prefix: Mr. Ms. Other: _____ (specify)

Librarian name: _____
First Middle Last/Family

Library e-mail address: _____

Library name: _____

Street address: _____ City: _____

State/Province: _____ Zip Code: _____ Country: _____

Phone: _____ Area/Country Code and Number Facsimile: _____ Area/Country Code and Number

Eligibility Letter:

Academic Advocates must attach an Eligibility Letter to the application. The Eligibility Letter should be signed by the head of the department, on university letterhead, stating that the applicant is a full-time faculty member, or a recognized adjunct instructor, and verifying that their university grants a degree in IT governance, IT control, audit, information security and/or accounting information systems.

