



**AUSTRALIA MEMBERSHIP APPLICATION**  
 Join online and save US \$20.00  
[www.isaca.org/join](http://www.isaca.org/join)

Please complete both sides  
 U.S. Federal I.D. No. 23-7067291  
 Phone: +1.847.660.5505 • Fax: +1.847.253.1443  
 Email: [membership@isaca.org](mailto:membership@isaca.org)

MR.  MS.  MRS.  MISS  OTHER \_\_\_\_\_

Date \_\_\_\_\_

MONTH/DAY/YEAR

Name \_\_\_\_\_  
 FIRST MIDDLE LAST/FAMILY

PRINT NAME AS YOU WANT IT TO APPEAR ON MEMBERSHIP CERTIFICATE

Residence address \_\_\_\_\_  
 STREET

CITY STATE/PROVINCE/COUNTRY POSTAL CODE/ZIP

Residence phone \_\_\_\_\_ Residence facsimile \_\_\_\_\_  
 AREA/COUNTRY CODE AND NUMBER AREA/COUNTRY CODE AND NUMBER

Company name \_\_\_\_\_  
 Title \_\_\_\_\_

Business address \_\_\_\_\_  
 STREET

CITY STATE/PROVINCE/COUNTRY POSTAL CODE/ZIP

Business phone \_\_\_\_\_ Business facsimile \_\_\_\_\_  
 AREA/COUNTRY CODE AND NUMBER AREA/COUNTRY CODE AND NUMBER

E-mail \_\_\_\_\_

**Send mail to**

Home  Business

**Chapter Affiliation**

Chapter Number (see reverse) \_\_\_\_\_  
 or  
 Member at large (no chapter within 50 miles/80 km)

**How did you hear about ISACA?**

ISACA Chapter  Employer  Tradeshow/Seminar  
 ISACA Event  Friend/Colleague  Web Advertisement  
 ISACA Journal  Postal Mail  Web Site Reference  
 Career Centre  Professor/Teacher  Other  
 Do not remember  Publication  
 Email  Social Media

**Member Get A Member Referral Information**

If you have been referred by an ISACA member, please enter the ISACA Member ID# that was provided to you. Referring Member ID# \_\_\_\_\_

**Please note:** Membership in the association requires you to belong to a chapter when you live or work within 50 miles/80 km of a chapter territory. The name of the chapter is indicative of its territory. If you live farther than 50 miles/80 km from a chapter territory, select member at large. Chapter selection is subject to verification by ISACA International Headquarters. Cities listed in parentheses are a reference to where the majority of chapter meetings are held. Please contact your local chapter at [www.isaca.org/chapters](http://www.isaca.org/chapters) for other meeting locations.

ISACA requires members to provide certain demographic information to help us understand and better serve our constituents, and to ensure that we deliver information that is relevant to you.

**Current field of employment (check one)**

Advertising/Marketing/Media  
 Aerospace  
 Education/Student  
 Financial/Banking  
 Government/Military—National/State/Local  
 Health Care/Medical  
 Insurance  
 Legal/Law/Real Estate  
 Manufacturing/Engineering  
 Mining/Construction/Petroleum/Agriculture  
 Not applicable  
 Pharmaceutical  
 Public Accounting  
 Retail/Wholesale/Distribution  
 Technology Services/Consulting  
 Telecommunications/Communications  
 Transportation  
 Utilities  
 Other \_\_\_\_\_

**Level of education achieved (indicate degree achieved, or number of years of university education if degree not obtained)**

one year or less  AS Degree  
 two years  BS/BA Degree  
 three years  MS/MBA/Masters  
 four years  Ph.D  
 five years  Not applicable  
 six years or more  Other \_\_\_\_\_

**Certifications obtained (other than CISA, CISM, CGEIT, CRISC)**

ACA  CPA  
 CA  MCSE  
 CFE  PMP  
 CIA  Other \_\_\_\_\_  
 CISSP

**Work experience (check the number of years of information systems related work experience)**

No Experience  10-12 years  
 1-3 years  13 years or more  
 4-6 years  Not applicable  
 7-9 years

**Current professional activity (If not your title, please select the BEST match)**

CEO, President, Owner, General/Executive Manager  
 CAE, General Auditor, Partner, Audit Head/VP/EVP  
 CISO/CSO, Security Executive/VP/EVP  
 CIO/CTO, Info Systems/Technology Executive/VP/EVP  
 CFO, Controller, Treasurer, Finance Executive/VP/EVP  
 Chief Compliance/Risk/Privacy Officer, VP/EVP  
 IT Audit Director/Manager/Consultant  
 Security Director/Manager/Consultant  
 IT Director/Manager/Consultant  
 Compliance/Risk/Privacy Director/Manager/Consultant  
 IT Senior Auditor (External/Internal)  
 IT Auditor (External/Internal Staff)  
 Non-IT Auditor (External/Internal)  
 Security Staff  
 IT Staff  
 IT/IS Compliance/Risk/Control Staff  
 Professor/Teacher  
 Student  
 Other

Birth Year \_\_\_\_\_

**Payment due**

• International dues † \$ 148.50 (US) (\$135.00 + \$13.50 GST)  
 • Chapter dues (see reverse) \$ \_\_\_\_\_ (US)  
 • New member processing fee \$ 33.00 (US)\* (\$30.00 + \$3.00 GST)  
 PLEASE PAY THIS TOTAL \$ \_\_\_\_\_ (US)

† For student membership information please visit [www.isaca.org/student](http://www.isaca.org/student)

\* Membership dues consist of international dues, chapter dues and new member processing fee. Join online and save US \$20.00.

Membership dues are nonrefundable and nontransferable.

**Mail your application and check to:**

ISACA • 1055 Paysphere Circle • Chicago, IL 60674 • USA

**Method of payment**

Check payable to "ISACA" in US dollars, drawn on US bank  
 Send invoice (Applications cannot be processed until dues payment is received.)  
 MasterCard  VISA  American Express  Diners Club  Discover

All payments by credit card will be processed in US dollars

Credit Card # \_\_\_\_\_

Print name of cardholder \_\_\_\_\_

Expiration date \_\_\_\_\_  
 MONTH/YEAR

Signature \_\_\_\_\_

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](http://www.isaca.org/ethics)).

Full payment entitles new members to membership from the date payment is processed by International Headquarters through 31 December 2019. 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 United States. However, they may be tax deductible as ordinary and necessary business expenses.

Your contact information will be used to fulfill your request to become an ISACA member, and may also be used by ISACA to send you information about related ISACA goods and services, and other information in which we believe you may be interested. As an ISACA member, we will be sure to keep you up-to-date on the latest products and services that are available to our community. By applying for membership, you confirm the information provided on this form is complete and accurate, and you authorize ISACA to contact you at the address and numbers you have provided, including to provide you with marketing and promotional communications. You further represent that the information you provided is yours and is accurate. To learn more about how we use the information you have provided on this form, please read our Privacy Policy, available at [www.isaca.org](http://www.isaca.org). Should you elect to attend one of our events or purchase other ISACA programs or services, information you submit may also be used as described to you at that time.

**The dues amounts on this application are valid 1 August 2019 through 31 May 2020.**

US dollar amounts listed below are for local chapter dues. While correct at the time of printing, chapter dues are subject to change without notice. Please include the appropriate chapter dues amount with your remittance.

For current chapter dues, or if the amount is not listed below, please visit the web site, [www.isaca.org/chapdues](http://www.isaca.org/chapdues), or contact your local chapter at [www.isaca.org/chapters](http://www.isaca.org/chapters).

<b>Chapter Name</b>	<b>Chapter Number</b>	<b>Dues</b>
<b>OCEANIA</b>		
Adelaide, Australia †	68	\$22
Brisbane, Australia †	44	\$33
Canberra, Australia †	92	\$33
Melbourne, Australia †	57	\$22
Perth, Australia †	63	\$33
Sydney, Australia †	17	\$38.50

† Cost includes AUS GST.

**To receive your copy of the *ISACA Journal*, please complete the following subscriber information:**

**Size of ENTIRE organization**

- Fewer than 50 employees
- 50 - 149 employees
- 150 - 499 employees
- 500 - 1,499 employees
- 1,500 - 4,999 employees
- 5,000 - 9,999 employees
- 10,000 - 14,999 employees
- 15,000 or more employees
- Not applicable

**Size of IT audit staff** (*local office*)

- 0 individuals
- 1 individual
- 2-5 individuals
- 6-10 individuals
- 11-25 individuals
- More than 25 individuals
- Not applicable

**Size of information security staff**

(*local office*)

- 0 individuals
- 1 individual
- 2-5 individuals
- 6-10 individuals
- 11-25 individuals
- More than 25 individuals
- Not applicable

**Your level of purchasing authority**

- Recommend Products/Services
- Approve Purchases
- Recommend and Approve
- Not applicable