



RECENT GRADUATE AUSTRALIA MEMBERSHIP APPLICATION

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: recentgraduates@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 _____ Email address _____
AREA/COUNTRY CODE AND NUMBER

Birth Year _____ College or University recently graduated from: _____
Date of Graduation: _____ Degree program: Undergraduate Graduate Doctoral Other _____

Verification of your Recent Graduate Status

To become a recent graduate member, you must have graduated from a recognized college or university within the last two (2) years, with a minimum four (4) year degree. You will need to attach one of the following as verification: copy of your unofficial transcript indicating your date of graduation; a copy of your college diploma; or a letter from the Registrar on university letterhead specifying your date of graduation

NOTE: Both your printed application form and verification document are required for processing. Please allow 3-5 business days to obtain the member rate on exams, conference registrations, or other purchases.

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 for other meeting locations.

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

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# _____

If employed, please provide the following:

Company name _____
Title _____
Business address _____
STREET

_____ CITY STATE/PROVINCE/COUNTRY POSTAL CODE/ZIP

Business phone _____
AREA/COUNTRY CODE AND NUMBER

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 five years MS/MBA/Masters
- two years six years or more Ph.D
- three years AS Degree Not applicable
- four years BS/BA Degree Other _____

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

- ACA CIA MCSE
- CA CISSP PMP
- CFE CPA Other _____

Work experience

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

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

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 _____

International dues † \$ 74.80 (US) (\$68.00 + \$6.80 GST)
• Chapter dues (see reverse) \$ _____ (US)
PLEASE PAY THIS TOTAL \$ _____ (US)

* Membership dues consist of international dues, chapter dues, and new member processing fee. The processing fee is waived for Recent Graduates.

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). 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. 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, or contact your local chapter at www.isaca.org/chapters.

Chapter Name	Chapter Number	Dues
OCEANIA		
Adelaide, Australia	68	\$0
Brisbane, Australia	44	\$11
Canberra, Australia	92	\$0
Melbourne, Australia	47	\$0
Perth, Australia	63	\$0
Sydney, Australia	17	\$0

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