



**High Technology Crime Investigation Association
APPLICATION FOR STUDENT MEMBERSHIP**

Please type or print legibly: Renewal application New Application

Legal First Name: _____ MI: __ Last Name: _____

Preferred First Name: _____ I am a citizen of (country): _____

Student Status	Major
Currently enrolled in graduate school or a 2 or 4 year college program? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Computer Science/Forensics <input type="checkbox"/> Criminal Justice/Law <input type="checkbox"/> Enforcement/Corrections <input type="checkbox"/> Accounting/Auditing <input type="checkbox"/> Similar to Above: _____

Name of School: _____

School Address: _____ City, State, Zip: _____

Student Address: _____ City, State, Zip: _____

Preferred Mailing address: School Student Other _____

Student Telephone :() _____ Cell :() _____

E-Mail Address: _____

HTCIA STUDENT SPONSORS: Application will not be accepted without sponsors

I support this applicant for membership. I have personal knowledge that the applicant is a student and meets the qualifications reflected above. I believe the applicant will support the purposes and objectives of the HTCIA as stated in Article II of the Association Bylaws. Chapter Presidents are encouraged to ask to see official transcripts and/or grades of applicant.

Chapter President	Chairperson of Student's Major
Name: _____	Name: _____
Chapter: _____	School: _____
Work Phone: _____	Work Phone: _____
E-Mail: _____	E-Mail: _____
Signature/Date: _____	Signature/Date: _____

Applicant Signature (Required)

Date

HTCIA STUDENT AUTHORIZATION: Application will not be accepted without signature.

I agree to abide by HTCIA Bylaws, am of strong moral/ethical character and have no criminal record.

I will support the purpose and objectives of the HTCIA, as stated in Article II, Section III of the Association Bylaws and reaffirm such with my signature on this document. I understand that HTCIA activities should be conducted in an atmosphere free of uninvited commercial distractions. As participants in this professional organization, HTCIA 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 HTCIA. I will not disclose such confidential material to anyone who is not a member in good standing of HTCIA without written permission from the HTCIA Board of Directors and the International Executive Committee.

I hereby authorize agents of HTCIA to conduct an investigation of my application, which may consist of contacting my school and public record checks, to determine my suitability and eligibility for membership. The undersigned applicant declares that he/she meets the requirements and qualifications for membership in HTCIA as set forth in Article V of the Association Bylaws.

Applicant Signature (Required)

Date

PAYMENT METHOD: Application will not be accepted without payment.

Student Member Dues are \$25.00 per year. Membership expires December 31. Students who join in the fourth quarter of the year (October through December) shall be members through December 31st of the following year. Students may renew once without submitting a new application.

Check Enclosed \$ _____ Check Number _____

Credit Card: Visa MasterCard American Express

Card Number: _____ Exp. Date (MM/YY): _____

Cardholder Name (print) _____

Signature: _____

Fax or Mail your completed 2-page application with payment to:

HTCIA
3288 Goldstone Drive
Roseville, CA 95747
PH: (916) 408-1751 Fax: (916) 408-7543

Please Allow 30 days for Processing