Information Systems Audit & Control Association

Membership Application Form

Please enroll me as a new Member to the ISACA, Jeddah CHAPTER for the **Calendar Year 2010**

1. **Name : Mr./Mrs./Ms.** _____
2. **ISACA Member : Yes / No – Membership No. (**if yes**) :**_____

   (If applied for, say **'Applied For'** and **Date of Application):**_____
3. **CISA: Yes / No -** _____
4. **Date of birth :** _____
5. **Academic Qualifications :**_____
6. **Organization :** _____
7. **Designation :** _____
8. **Identification Papers : ID/Iqama** *(Please enclose along with the application)*
9. **Contact Details : Email :**_____

   Mobile : _____Telephone (Res.) :_____

   Telephone(Office) :_____**(Ext)**_____

   Address (office):_____

   _____

I agree to abide by the Byelaws, Rules and Regulations of the Chapter if my Membership is accepted.

Date: _____ Signature: _____

Note: **The Managing Committee has a right to accept/reject an application for Membership**

Membership to the Chapter is subject to being a Member of ISACA, U.S.A.

---------- For Office Use Only ----------

Approval:

Checked By: Member of ISACA? Yes / No ----------

(Membership Director)

Approved By: President / Vice president / Secretary / Treasurer / Membership Director

Email Application to : **membership@isaca-jeddah.org** or submit personally at the next Technical session. For details please visit www.isaca-jeddah.org