



Please complete and submit two copies of this Application to CDFS, together with the appropriate membership fee indicated below to the following:

Consortium of Digital Forensic Specialists
401 Edgewater Place, Suite 600
Wakefield, MA 01880
Tel: +1-781-876-8850, Fax: +1-781-623-0456
E-mail: membership@cdfs.org

Membership rights and privileges will not commence until payment in full of membership fees have been received by CDFS. **Annual membership fees for Individual Members is USD \$75.**

Name: _____

Title (optional): _____

Organization (optional): _____

Street Address: _____ Suite: _____

City: _____ State: _____

Zip: _____ Country: _____

Tel: _____

Fax: _____

E-mail: _____

You (i.e., the entity on whose behalf this Application is being submitted) may submit this Application in either of the following ways, please check one option:

- Pay by wire or credit card.** Upon receipt by CDFS of a signed copy of this Application by mail, fax or email you will receive an invoice for membership dues. The invoice will include instructions for all forms of payment, including credit card.

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- Pay by check.** If you do not require an invoice and intend to pay by check, please complete and sign this Application and mail it to the above address, together with the appropriate membership fee.



Please complete this application by filling all fields in their entirety, then print and sign it. The applicant should submit the application by one of the methods detailed above. Upon receipt, CDFS will review the signed and submitted application and, provided it is complete, accept the membership by counter-signing it. CDFS acceptance of a signed membership application shall have the effect of a binding agreement between CDFS and the newly-designated member. Members are responsible for the timely payment of applicable dues and fees as set by the CDFS Board of Directors. Members must comply with the terms and conditions of applicable sections of the CDFS bylaws, resolutions, and policies set by the CDFS Board of Directors. Members may cancel their membership at any time; however, members choosing to cancel membership are not eligible for a refund of membership dues or fees.

By signing below, the applicant hereby acknowledges and agrees to the terms and conditions set forth in this member application.

Applicant Authorization:

By: _____
(Signature)

Name: _____

Date: _____

Accepted:

CONSORTIUM OF DIGITAL FORENSIC
SPECIALISTS

By: _____

Name: _____

Title: _____

Date: _____