



Please complete this application and submit it to CDFS in one of the two ways provided for below. Membership rights and privileges will not commence until payment in full of membership fees have been received by CDFS.

Name of Organization: _____

Street Address: _____ Suite: _____

City: _____ State: _____

Zip: _____ Country: _____

Organization URL: _____

Primary Organization Contact: _____

Tel: _____

Fax: _____

E-mail: _____

(All legal and financial notices from CDFS to the member will be sent to this e-mail address unless the member directs otherwise)

Participation Contact: _____

Tel: _____

Fax: _____

E-mail: _____

(All other notices from CDFS to the member will be sent to this e-mail address unless the member directs otherwise)

Marketing Contact: _____

Tel: _____

Fax: _____

E-mail: _____

(All marketing notices from CDFS to the member will be sent to this e-mail address unless the member directs otherwise)

Note: Please use the Participant Form at the end of the application to designate additional representatives into CDFS.

Please select your desired membership class:

Sponsor

Platinum: \$10,000

Gold: \$5,000

Institutional Member

For-Profit Company
(up to 10 participants): \$1,000

Government Agency: \$500

Non-Profit Organization: \$500



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

Request an invoice. If your organization requires an invoice before making payment, please complete and sign two copies of this Application, and send them by mail, fax or in PDF form by email, to the following address:

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

Pay by mail. If you do not require an invoice, please complete and sign two copies of this Application, and send them by mail to the above address, together with the appropriate membership fee.

In either case, by signing below, you acknowledge and agree that, when signed and accepted by CDFS, (a) this Application represents a binding contract between the parties, (b) commits you to payment of annual Membership dues and fees as determined from time to time by the Board of Directors, and (c) commits you to comply with all the terms and conditions of CDFS's Bylaws and such rules and policies as the Board of Directors and/or committees of CDFS may from time to time adopt. By signing and submitting this Application, you also certify that you meet the conditions of Membership specified in the Bylaws for the category of membership you have specified above.

Applicant Authorization:

(Print Company Name)

By: _____

(Signature)

Name: _____

Title: _____

Date: _____

Accepted:

CONSORTIUM OF DIGITAL FORENSICS SPECIALISTS

By: _____

Name: _____

Title: _____

Date: _____



Participant Form

Please use the form below to identify additional participants from your organization who will participate in CDFS. For-Profit members may have up to 10 participants (each additional participant beyond 10 shall pay dues of \$50/year). Government agencies may have unlimited participants, provided each participant is actively working on topics related to digital forensics. For non-profit members, all current Board members may participate free of charge, as well as any full-time staff focused on digital forensics.

1	Name: _____ Title: _____ Email: _____
2	Name: _____ Title: _____ Email: _____
3	Name: _____ Title: _____ Email: _____
4	Name: _____ Title: _____ Email: _____
5	Name: _____ Title: _____ Email: _____
6	Name: _____ Title: _____ Email: _____
7	Name: _____ Title: _____ Email: _____
8	Name: _____ Title: _____ Email: _____
9	Name: _____ Title: _____ Email: _____
10	Name: _____ Title: _____ Email: _____