

Operations Security Professionals Society (OPS)



APPLICATION FOR MEMBERSHIP (page 1 of 2)

New Member Renewal (Number if known) _____

Mr. Mrs. Ms. Other (Rank, etc.) _____

Member's Full Name: _____

Employer Name: _____

Employer Address: _____

Title/Current Position: _____

COMPLETE MAILING ADDRESS: (*OPS highly recommends using a home address*)

Home Work Other _____

Street: _____

City: _____ State: _____ Zip Code: _____ - _____

Home Phone: (_____) - _____ - _____ Work Phone: (_____) - _____ - _____

E-Mail: _____ @ _____

I desire access to the secure OPS Members Only Portal (MOP) Yes No (this is a free benefit)

I authorize you to add my contact information to the OPS Membership Directory Yes No

I was referred by an active OPS member Yes No (name of member) _____

Your OPSEC / Work Experience (check all that apply)

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> OPSEC Practitioner | <input type="checkbox"/> OPSEC Instruction | <input type="checkbox"/> OPSEC Awareness | |
| <input type="checkbox"/> Government | <input type="checkbox"/> Industry | <input type="checkbox"/> Management | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Counterintelligence | <input type="checkbox"/> Plans | <input type="checkbox"/> Acquisition | <input type="checkbox"/> Intelligence |
| <input type="checkbox"/> International | <input type="checkbox"/> Info Technology | <input type="checkbox"/> First Responder | <input type="checkbox"/> Security |
| <input type="checkbox"/> Other (write in) _____ | | | |

I'm interested in being on a Committee or the Board of Directors - Check all that interest you:

- | | | | |
|-------------------------------------|---|---|----------------------------------|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Communications | <input type="checkbox"/> Education | <input type="checkbox"/> Revenue |
| <input type="checkbox"/> Standards | <input type="checkbox"/> Website | <input type="checkbox"/> Board of Directors | |

I'm interested in speaking or teaching about OPSEC Yes No

I could help at an OPS Event at local or national events Yes No

I know individuals or corporations I'd like to nominate for membership Yes No

I have more ideas on how I can help Yes No Please send ideas to: President@OPSECsociety.org

APPLICATION FOR MEMBERSHIP (page 2 of 2)

OPS USE ONLY

Check Source / Number / Amount Member:

Number: Postmark:

Database updated: (date/initial)

Membership packet mailed: (date/initial)

NAME: _____ DUES: _____

Regular Membership Rates: \$55 - 1 year \$100 - 2 years \$140 - 3 years

Military Rates: (Active, Retired, Reserve, National Guard Members)

\$50 - 1 year \$90 - 2 years \$125 - 3 years

Full Time Student Rates: \$35 - 1 year \$55 - 2 years \$80 - 3 years

Life Membership Rate: \$500 \$450 Military

If materials need to be mailed outside the U.S., please include \$15.00 extra for shipping & handling costs.

OPS may deposit your check or money order upon receipt. If your application is rejected for any reason, you will be informed of the reason and your dues will be refunded.

PAYMENT:

Enclosed is a check / money order in the amount of \$ _____ as payment for Dues.

Please make check or money order payable to *OPS Treasurer*

I wish to help beyond the cost of dues and have included a donation of \$ _____ with my Dues.

Please charge my: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Credit Card Number _____ Expiration Date: _____ 3-digit code _____
Information associated with this account and mailing address:
Street: _____
City: _____ State: _____ Zip: _____

The OPS Code of Ethics is on our website at www.OPSECsociety.org. As an OPS Member/Applicant, I recognize my obligation to protect information entrusted to me and comply with the OPS Code of Ethics to the best of my ability.

SIGNATURE _____ Date: _____

Please mail this completed form with appropriate payment or credit card information to:

**OPSEC Professionals Society (OPS)
P. O. Box 150515
Alexandria, VA 22315-0515**