

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

