



FOR OFFICE USE ONLY

Membership No.	_____
Invoice No	_____
Password	_____
Date	_____

MEMBERSHIP APPLICATION

(Please complete in BLOCK CAPITALS)

Membership of DISA is open to any person who is responsible for, or contributes to, the implementation of defence industry security requirements, or who is employed by an organisation carrying out work for, or on behalf of, HM Government and which is protectively marked at SECRET or above.

APPLICANT

Surname	Forenames	Known As	Title	Date of Birth

Job Title

Summary of current security responsibilities:

Direct Telephone Number	Mobile Telephone Number	Applicant Email

Company Name and address	Invoicing Address
	Finance Email: _____

Nature of Business	Company Telephone number

Which Contracting Authorities do you undertake work for:-

Defence	Civil Nuclear	Home Office
Police	CPNI	GCHQ
DWP	Other:- (Please specify)	

Do you normally work directly with the Contracting Authority or via a third party?

How did you hear about DISA?

DISA Member	DISA Training Course	Web Site	Security Advisor	Other (please state)

Please provide a passport style photograph of yourself to joining@thedisa.org.
 (Ideally in .jpg format) for it to be included in the Members Directory which is on the DISA website.
 Please indicate should you not wish to provide a photograph to be included in the Members Directory

DATA PROTECTION ACT 1998

The purpose of requesting the Personal Data below is to assist in deciding whether you are a suitable applicant for membership of the Defence Industry Security Association (DISA). Personal Data is also used in the compilation of a DISA members register. Personal Data you provide will be disclosed for administration purposes to the DISA Administration office at Cygnul Limited. Personal Data may also be disclosed to the UK Ministry of Defence and other UK Government Security Agencies for verification purposes, any referees nominated by you and to other DISA members by way of an electronic or hard copy members register. If required, disclosures will be made by way of written or verbal correspondence, telephone calls and/or electronic transmission. All Personal Data will be processed in accordance with the Data Protection Principles as defined in the Data Protection Act 1998 and will not be used for any purpose or purposes other than those described

DECLARATION

I confirm that the details given in this application are correct. I consent to DISA processing my Personal Data in the manner and for the purposes described.

Signature of Applicant:

(Please note that we do not accept electronic signatures)

Date:

RECOMMENDATION (*Senior Security Controller /Board Level Contact for Security / Security Advisor / DISA Regional Chair*)

I confirm that the participant's role and responsibilities stated overleaf are correct. I consent to DISA processing my Personal Data in the manner and for the purpose you have described.

Signature of Referee:

(Please note that we do not accept electronic signatures)

Date:

Please Print Name:

Telephone Number:

(this will only be used if required for the purposes of referencing this applicant)

Job Title:

Company or Organisation:

Please note that the DISA Membership fee and associated Administration fee is non-refundable. Membership is personal and cannot be transferred to any other person. Membership is portable and can be retained by the individual if they continue to meet the membership criteria in another role or company.

When completed please email the DISA Membership Application form to: joining@thedisa.org

MANAGEMENT BOARD USE:

Comments:

The Management Board considered this application and it has been approved / not approved.

Signed:

Name:

Date:

On behalf of the Defence Industry Security Association Management Board