



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)

Data Protection Statement

The purpose of processing your personal data is to assess whether you meet the criteria for membership of DISA, this may include contacting any referee you have named. The DISA Administration office, run by Cygnul Limited, will use your data to provide membership services and inclusion in our online secure membership database.

Personal data may also be shared with third party organisers supporting DISA events for the purposes of verification, catering or accessibility reasons, only the minimal data necessary will be shared.

All personal data will be processed in accordance with the Data Protection Act and GDPR and will not be used or retained for any purposes other than in accordance with our Data Protection Policy at http://thedisa.org/docs/DISA_GDPR.pdf.

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

OFFICE USE:

		Date	Comments
Db/Website			
Emails (with invoice)			
Membership pack (incl certificate and badge)			

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