



INDIVIDUAL MEMBERSHIP APPLICATION

Thank you for taking the time to fill in the application form

Individual Details:

Title _____

First Name _____

Surname _____

Job title _____

Email address _____

Verify Email address _____

Organisational Details

Name of Organisation _____

Department _____

Website (if available) _____

Address of Organisation:

Street / Number _____

Street 2 _____

ZIP / City _____

State _____

Country _____

Phone (incl. country code) _____

Fax (incl. country code) _____

General Information

Security accountabilities (Please tick accordingly):

Policy Regulatory Management

Design Guarding Other _____

Specialism (Please tick accordingly):

Design Physical Protection IT (cyber security)
Personnel Security Response Other _____

WINS publications are available in 6 additional languages. What language would you be interested in receiving publications in? (Please tick accordingly)

Arabic Chinese French
Japanese Russian Spanish

In considering your application, WINS will take into account the ways in which you plan to contribute to the goals of WINS – to share and promote the implementation of best security practice. Please describe how you can contribute to WINS:

Date: _____

Signature: _____