

Wisconsin Association of Computer Crime Investigators



P.O. Box 523 Waukesha, WI 53187-0523
WACCI.org

Application for Membership

Please check our bylaws for membership requirements. If you are not a sworn law enforcement officer, you will need sponsorship by a current WACCI member in good standing for consideration. If you do not know a current WACCI member in good standing, a brief phone interview with WACCI leadership can be performed to determine membership eligibility.

Applicant Information

Last Name: _____ First Name: _____ Middle: _____

Phone #: _____ Email: _____

Employer: _____ Position/Title: _____

Full Business Address: _____

Supervisor Name: _____ Supervisor Phone #: _____

Brief description of responsibilities/certifications: _____

I am a student enrolled in a criminal justice or cybersecurity program and would like to be considered for membership

Have you ever been removed from employment or lost membership / certification from a professional organization due to any criminal activity or ethics violation? Yes No

If yes, explain: _____

Have you ever been arrested or convicted of a felony in any jurisdiction? Yes No

If yes, explain: _____

Sponsor Information

Any applicant that is not a sworn law enforcement officer requires sponsorship by a current WACCI member in good standing or a phone interview with WACCI leadership to determine eligibility.

Sponsor Name: _____ Sponsor Phone #: _____

I do not have a WACCI member as a sponsor, but would like to discuss my eligibility with a member of WACCI Leadership

Membership Dues: \$20.00 Annually and is collected after eligibility is verified.

Dues year begins in June. - Dues are not prorated - Students do not need to pay dues.

I authorize representatives of WACCI to conduct an investigation of my application, which may consist of an employment background and public records check, to determine my suitability for membership. I acknowledge the cost for verifications will be reviewed with me and may be at my expense. If there is any change in status of the information provided above after my acceptance to WACCI, I will promptly notify a Board Member. My failure to do so can result in discontinuation of membership and forfeiting of membership fees.

Signature of Applicant

_____/_____/_____
Date:

E.I.N. 39-1970404

When completed, please email this application to WACCI.Membership@Gmail.com

This portion filled out by WACCI leadership

Membership eligibility verified by:

_____/_____/_____
Date: