



# American Board of Intelligence Analysts<sup>SM</sup>

## Application Form

Prefix  Dr.  Mr.  Ms.  Mrs.  Miss  Other \_\_\_\_\_ Gender  Male  Female

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

Designation(s) \_\_\_\_\_ License Number/State (If Applicable) \_\_\_\_\_

Primary Specialty Area \_\_\_\_\_ Years of Experience in Related Field \_\_\_\_\_

Employer:  Local  State  Federal

How did you hear about ABIA? \_\_\_\_\_

Please check here if you hold a security clearance.

I certify that the information I have provided to the American Board of Intelligence Analysts<sup>SM</sup> (ABIA)/the American Board for Certification in Homeland Security, CHS<sup>®</sup> (ABCCHS) is true, correct, and complete. I am not providing misleading, false, or deceptive information. I understand that if I have provided misleading, false, or deceptive information, the association will pursue aggressive legal action. I may be asked to provide additional documentation. I understand that ABIA/ABCCHS reserves the right to verify any and all information that I provide. If I misrepresent my credentials, refuse to provide documentation at a later time if asked, or allow my membership with ABIS/ABCCHS to lapse, I understand and agree that my membership and/or certification status will be revoked and my membership terminated. If the documentation required for the credential or membership status for which I am applying is not received within 6 months from the date of application, I understand that no refund will be issued in the event of the cancelation or denial of my application. I agree that I will notify ABIA/ABCCHS in writing of any civil, criminal, or complaint that is made against me. I agree to hold harmless and indemnify ABIA/ABCCHS and its officers, directors, employees, and agents for any misrepresentation of my credentials and for all claims, loss, judgment, or expense. ABIA/ABCCHS does not endorse, guarantee, or warrant the work or opinions of any individual members. Membership does not imply licensing or registration by the organization of a member's qualifications, abilities, or expertise. The objective of ABIA/ABCCHS's publications and the activities that it sponsors are for informative and educational purposes. The views expressed by the authors, publishers, or presenters are their own views and do not necessarily reflect those of ABIA/ABCCHS. ABIA/ABCCHS does not assume any responsibility or liability for its members or subscribers' efforts to apply or use the information, suggestions, or recommendations made by the organization, publication resources, or activities.

**Yes No**

- Have you ever been convicted of a felony? If yes, please explain on a separate sheet of paper.
- Have you ever been disciplined, or are you currently under investigation, by a legal or licensing board? If yes, please explain on a separate sheet of paper.

By signing below, I agree to the terms stated above:

Signature

Print your name as you would like it to appear on your certificate.

Date

### Membership Categories

Check **one** of the following levels of membership. **Please submit** a portfolio documenting background and experience which includes resume, degree (if applicable), relevant training certificates (maximum of 10), and military active/discharge status (if applicable).

**Member Requirements:**

- US citizen
- Security clearance and/or InfraGard member
- 5 years experience in the field of intelligence

**Membership Categories:**

- Current Member:** ID # \_\_\_\_\_
- New Member:** \$95 first year dues \$165 annual dues thereafter
- Life Member:** \$2500 (Never pay dues again. Payment plans are available.)

**Certified Category:**

- Intelligence Analyst Certified, IAC<sup>SM</sup>:** \$495 - Phase I, II, & III included. Completion of 2 out of 3 courses/exams required.

**Total \$** \_\_\_\_\_

### Payment Information

**Payment must accompany application.** You may choose the payment method that is most convenient (personal/company check or credit card). Payment plans are available for Life Membership. For the payment plan, a minimum of \$150 or more down payment must be made, and the balance can be paid in monthly installments (\$100 minimum) by check or automatically charged to your credit card. A life certificate will be issued upon full payment. Annual membership dues for the year are \$165 for members or \$190 for certified members. There is a \$75 administrative fee for all cancelled or denied applications. Returned checks will be assessed a \$20 non-sufficient funds fee.

- Visa    MasterCard    American Express    Discover    Check Enclosed (Payable to ABCHS)    Paid in full \$ \_\_\_\_\_
- Please accept \$ \_\_\_\_\_ (min. \$150) as down payment and charge \$ \_\_\_\_\_ (min. \$100) per month until balance is paid in full.

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

### The American Board for Certification in Homeland Security, CHS<sup>®</sup> American Board of Intelligence Analysts<sup>®</sup>

- **Phone:** (877) 219-2519 or (417) 823-2519
- **Online:** www.abia.us
- **Fax:** (417) 881-1865
- **Mail** your completed application to  
ABCHS:  
2750 E. Sunshine  
Springfield, MO 65804