

InfraGard Domestic Membership Application

Name (Applicant) :

Employer:

Title:

Business Address¹:

City: State:

Zip Code:

Home Address¹:

City: State:

Zip Code:

Chapter Selection State:

Email Address:

Phone: Fax:

Date of Birth:

City, County, State, and Country of birth: U.S. Citizen: Yes No

Social Security Number: Driver's License Number:

Code Word:²

Have you ever been arrested for, charged with, or convicted of a felony or non-traffic misdemeanor?

If yes, please attach an explanation of the occurrence(s) making sure to include dates, agencies involved, case numbers, disposition, and any additional information that you feel would assist us in making a membership decision (Check one):

No

Yes (Number of pages attached:)

Do you currently possess a Qualifying Substitute for the records check required for InfraGard Membership? (A current list of Qualifying Substitutes is available in a separate document or on the InfraGard web site):

No

Yes, I am an InfraGard SAA Member and already successfully completed a records check

(InfraGard Chapter: Application Date:³)

Yes, I possess a current and valid Security Clearance listed as a Qualifying Substitute

(Clearance: Issuing Agency: Expiration:)

(Security Contact:)

Which Critical Infrastructures is your organization a part of? Check all that apply:

Agriculture	Banking & Finance	Chemical Industry & HAZMAT
Defense	Emergency Services	Energy
Food	Government	Information & Telecom.
Law Enforcement	National Monuments & Icons	Postal & Shipping
Public Health	Transportation	Water

Other:

¹ Physical street address required. No PO boxes.

² Authentication for Help Desk use. Examples include mother's maiden name, city of birth, etc...

³ If exact date is unknown, please provide an approximate date

If accepted as a member of InfraGard, Applicant may receive information that is sensitive and not publicly available (“Protected Information”). Protected Information may be provided by or through the InfraGard National Organization, InfraGard chapters, InfraGard members, partners of InfraGard, or other sources, and will be marked accordingly. If accepted as an InfraGard member, Applicant understands and agrees to the following terms *regarding Protected Information*

1. **Participation is Voluntary.** Applicant is not obligated as a condition of InfraGard membership to disclose any information to the InfraGard National Organization or any InfraGard chapter, partner, or member.
2. **Confidentiality and Non-Disclosure.** Protected Information is to be regarded as Business Confidential and shall not be disclosed beyond its intended scope.
3. **No guarantee of fitness.** Protected Information is provided as a service to InfraGard members and may be unevaluated and unverified. As such Protected Information is not guaranteed to be accurate, complete, or actionable.
4. **Submission in Good Faith.** Applicant agrees that it will not submit information which it knows at the time of submission to be false, and that it will submit information only to further InfraGard’s stated purposes.
5. **Federal Agencies will exercise care to protect information.** To the extent allowed by law, information received from InfraGard members that is marked “InfraGard Protected Information” shall be protected from agency disclosure under 5 USC §552 (commonly referred to as the Freedom of Information Act (“FOIA”)), and from publication, divulgence, or release in any other manner pursuant to the prohibitions of the Trade Secrets Act, 18 USC §1905.

Applicant understands and agrees that InfraGard is not to be commercially exploited as a forum to market products or services and that doing so may result in the revocation of Applicant’s membership in InfraGard.

Applicant, if accepted as an InfraGard member, agrees to act in a manner consistent with the InfraGard National By-Laws, as the ByLaws may be amended from time to time, as well as any other duly enacted national requirements of InfraGard.

Applicant requirements:

- US Citizen by birth as defined by 8 USC §1401-§1409, OR US Citizen by Naturalization as defined by 8 USC §1421-§1459;
- Over 18 years of age on the date of completion of this Application;
- Consent to a records check that yields a satisfactory result as determined by the FBI in its sole discretion, OR posses a Qualifying Substitute;
- Consent to periodic re-confirmation of membership requirements;
- Have sponsorship from an existing InfraGard member, chapter, or partner organization;
- Agree to and complete this InfraGard Membership Application Form;
- Any further requirements (if more restrictive) mandated by the local chapter and approved by the FBI.

Applicant acknowledges that their affiliation with InfraGard may be disclosed by InfraGard to another InfraGard member, chapter, or partner. Applicant may choose to protect from public disclosure their affiliation with InfraGard, and request that InfraGard and InfraGard Partners also protect from public disclosure the Applicant’s affiliation with InfraGard to the full extent permitted by law.

May InfraGard publicly disclose Applicant’s association with InfraGard? (Check one):

No

Yes

PRIVACY ACT STATEMENT AND CONSENT

Authority:

Collection of this information is authorized under 28 CFR. § 0.85.

Principal Purpose and Routine Uses

The information collected on this form will be used for the principal purpose of conducting security risk assessments on InfraGard Members and applicants. As part of this assessment, the collected data may also be used to assist in determining approval, denial, revocation or renewal of access to the InfraGard Secure web site and the authorization to receive InfraGard sensitive information. Information provided by me will be protected and used in strict compliance with the Privacy Act and the routine uses most recently published in the Federal Register for the FBI's Central Records System (Justice/FBI-002) and the FBI's Blanket Routine Uses (Justice/FBI-BRU).

Social Security Account Number

Your Social Security Account Number (SSAN) is requested to check criminal, immigration, national security and other electronic databases. Because other people may have the same name and birth date, your SSAN will be used to facilitate accurate identification and to help eliminate the possibility of misidentification of individuals for whom a security risk assessment or database check is being conducted.

Effects of Nondisclosure or Falsification

Completion of this application and provision of your SSAN is voluntary. However, failure to provide the requested information may result in your application being rejected for membership in InfraGard or your membership revoked. Knowingly falsifying or concealing information requested on this form will result in your application being rejected or your membership revoked. In addition, Title 18 Section 1001 of the U.S. Code provides that knowingly falsifying or concealing a material fact may under certain circumstances constitute a felony resulting in fines and/or imprisonment.

Consent

By signing an InfraGard Membership Application Form, I hereby authorize the FBI to obtain and verify any information relevant to assessing my suitability to access, possess, use, receive or transfer sensitive InfraGard Information. This information may include, but is not limited to, law enforcement and intelligence information. I further authorize the FBI to disclose information obtained in connection with my security risk assessment in order to verify the accuracy or completeness of the information I have provided to the FBI. Other than to verify my information, I do not authorize the FBI to disclose for the purpose of conducting my security risk assessment information provided by me on this form absent my further written consent.

Paperwork Reduction Act Notice

The information required on this form is in accordance with the Paper Work Reduction Act of 1995. The purpose of this information is to assist the FBI in security risk assessments for entities and individuals who are InfraGard Members or applicants. The estimated average burden associated with this collection of information is 20 minutes, depending on circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Federal Bureau of Investigation, Records/Information Dissemination Section, 935 Pennsylvania Ave., N.W., Washington, DC 920535.

I understand that this is a legally binding document and false statements provided by me are violations of federal law and may lead to criminal prosecution or other legal action. To the best of my knowledge and belief, I affirm that a). I meet all of the requirements to be an InfraGard member; b). The information I have provided herein is true, complete and correct; and c). I have reviewed the InfraGard Code of Ethics and I agree to abide by its covenants.

_____ Date: _____
PRINTED NAME

_____ Date: _____
SIGNATURE

----- Below this Line for FBI Use Only -----

Special Agent in Charge or Appointed Designee: _____

Witness: _____

Instructions for PDF submission

1. Complete the application (completely fill out all fields to avoid delays).
2. Print out the application
3. Sign and Date
4. Mail to: