



Albany Capital District Chapter

Chapter Membership Application

Thank you for your interest in joining the Albany Capital District (ACD) IIBA chapter. Please provide us with the following information.

Personal Information:

First Name: _____ Last Name: _____

IIBA International Membership Number: _____ Expiration Date: _____

Years of Business Analysis Experience: _____

Certifications: _____

Highest Level of Education: _____

Contact Information:

Address: _____

_____ City: _____ State: _____ Zip Code: _____

Phone

Preferred Method

Home: _____

Work: _____

Cell: _____

Email

Home: _____

Work: _____

Work Information:

Current Employer: _____

Current Title: _____

Address: _____

_____ City: State: Zip Code:

Chapter Involvement:

I want to be involved with the following Chapter Committees: *(check all that apply)*

- Nominations
- Student Interaction
- Professional Development
- Special Events
- Venue
- Marketing and Communication
- Member-at-Large (Board of Directors)

Signature and Agreement to join the Albany Capital District Chapter (required):

To the best of my knowledge, I certify that all information above is true and correct.

Applicant Signature

Date

*The ACDC annual membership fee is \$24.00. Checks should be made payable to “Albany Capital District IIBA Chapter” and include your IIBA International member number. IIBA International membership is **required** to become an Albany Capital District chapter member.*