

NISC National Information Sharing Consortium

Membership Application

Thank you for your interest in joining the NISC! Please provide all of the required information for your organization and for at least one representative when you submit this form.

Member Information

Organization Name

Name *

Address *

Website *

City, State/Province *

Postal Code *

Country *

Sector: *

Public

Non-Profit

Private

Academic

Domain/Discipline/Industry: *

Emergency Management

Energy

Fire Management

GIS

Homeland Security/
Public Safety

IT/Communications

Law Enforcement

Military

Public Health/
Healthcare

Retail & Commercial
Facilities

Transportation
Systems

Water
Systems

Other: _____

Why did you decide to join the NISC? _____

Primary Representative

Name *

Title *

Email *

Phone *

Secondary Representative

An optional secondary representative who will be able to access all information, tools, and services available to NISC member organizations.

Name

Title

Email

Phone

Certification

By signing this form, you certify that you have read and agree to the NISC's [terms of use](#). Member contact information will be listed in a directory available only to other members, and your organization's name, along with names and titles of primary and secondary representatives will be listed on the public member list available at www.nisconsortium.org/membership.

Signature *

Date *