

SIS (Strategic Intelligence Society) Membership Form

Contact Information

Name: _____

DOB: _____

Hometown: _____

Home State: _____

Phone: _____

Email: _____

Student Information

Academic Year: _____

Graduation Year: _____

Major: _____

Minor: _____

Background

Do you have foreign travel experience? _____

If so, where? _____

Do you have military experience? _____

- Which branch? _____

- MOS description: _____

- Years served, rank, active/reserve: _____

- Combat Deployments: _____

Interests

What type of career are you interested in? _____

Are you interested in any of the following? (Check all that apply):

☐ Self-Defense

☐ Analysis

☐ Foreign Languages

☐ Research

☐ Engineering

☐ Graphic Design

☐ Weapons Training

☐ Leadership

☐ Public Relations

☐ Cyber Technology

☐ Other: _____

What agencies or intelligence organizations would you like to have visit SIS?

Are you able to devote at least one evening a month to this society? ☐ Yes ☐ No