



# Women Cyber Security Cell

**Address:**

#6/B,3<sup>rd</sup> floor,MNK Rao Road,Off Govindappa Road  
Basavangudi, Bangalore 560004

**Hotline:** 9900039039

**Email:** help@womencybercell.org

**Website:** www.wocybex.com



## Member Application Form

Member ID:

All prospective members of WCSC are required to complete this registration form. Indicate any changes, Membership runs from \_\_\_\_\_

**NEW MEMBERSHIP**  **RENEWAL**  **Changes for directory?**

**Note: Please fill the application in BLOCK LETTERS**

### SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms
NAME				
ADDRESS 1		MAIN TELEPHONE		
ADDRESS 2		WORK TELEPHONE (if different)		
ADDRESS 3		HOME TELEPHONE		
TOWN/CITY		MOBILE PHONE		
ZIP CODE		PRIMARY EMAIL		
		SECONDARY EMAIL		

### SECTION 2: PERSONAL INFORMATION

Date of Birth and Age	E
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Qualification		Spouse Name	
Certification		Children Age and Name	
Occupation		Emergency Contact	
Company name		MOBILE PHONE	
Designation		PRIMARY EMAIL	

### SECTION 3: MEMBERSHIP TYPE AND PAYMENT DETAILS

		MEMBERSHIP FEE	Payment Method
	Full Membership	1999/pa	
	Full time students and Retired Members	1499/pa	
	Associate membership is open to all who share WCSC objectives or wish to be a volunteers in conducting programs with WCSC	6000/pa	
	Organization Membership is open to institutions/organizations/Clubs working in the field for women Group. Membership allows transfer of membership to replacement personnel.	15000/pa	
	For Membership descriptions see website <a href="http://wocybex.com/">http://wocybex.com/</a>		
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Online Payment		

### SECTION 3: MEMBER INFORMATION

<b>Member ALL:</b> Would you like to receive ALL membership information? : <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Member other of an organization?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No if yes Name the Organization _____
<b>Would you like to subscribe to WCSC Online News</b> Y <input type="checkbox"/> or N <input type="checkbox"/> if yes provide e-mail address if not listed) _____
<b>Do you wish to participate in WCSC Programs?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate if you would be willing to <b>serve as branch of WCSC in your organization</b> <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time
Is there a specific committee you would like to serve on? _____ (Committees/Organizations are listed at <a href="https://wocybex.com/">https://wocybex.com/</a> )
<b>Permission to use photographic images:</b> Photographs of WCSC members may be used in various WCSC communications incl. the

newsletter and website. Group photographs taken at WCSC events may be used without identifying individual members. For individual photographs, please indicate your permission for use:  Yes  No

#### SECTION 4: GENERAL INFORMATION

How did you come to know about WCSC	
Advertisement <input type="checkbox"/>	Friends <input type="checkbox"/> Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Internet(search engine) <input type="checkbox"/>
Others <input type="checkbox"/>	
Specify the area you are interested in programs <input type="checkbox"/> Workshops <input type="checkbox"/> Trainings <input type="checkbox"/> Teaching <input type="checkbox"/>	
Consultants <input type="checkbox"/> Seminars <input type="checkbox"/> Others Specify	
Do you wish to be a volunteer with WCSC? Y <input type="checkbox"/> or N <input type="checkbox"/>	
Do you wish to participate in WCSC Programs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Referred by : Name :	Member ID :

**Pay at :**

UPI : 91-9945683265- Gpay/Paytm/Phonepay

**Bank Details:**

Bank Name: Union Bank,Jayanagar, Bangalore

Account Number: 159911100000706

IFSC CODE: UBIN0537942

**Date:** \_\_\_\_\_

**PLEASE SEND THIS MEMBERSHIP APPLICATION (attach to e-mail if paying online)**

**Signature of Specimen**

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**Office Use Only**

**Application Status Approved: Yes  No  (if no, please specify the reason)**

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**Authorized Signature & Seal**

**Date:**

**Place:**