

## PIKOM CYBERSECURITY CHAPTER MEMBERSHIP APPLICATION FORM

Nam	e:	
Orga	nisation:	
Desig	gnation:	
Addr		
E-ma		
	ile Number:	
Maili	ng Address:	
B. INC	DUSTRY SERVED (Please tick [√] wh	ere applicable)
[ ]	Agriculture	[ ] Manufacturing
[ ]	Banking and Finance	[ ] Media & Entertainment
[ ]	Conglomerate	[ ] Oil & Gas
[ ]	Consumers	[ ] Property, Real Estate and Construction
[ ]	Education	[ ] Retail/Wholesale
[ ]	Government	[ ] Telecommunication
[ ]	Healthcare	[ ] Transportation (Logistics & Warehousing)
[ ]	Hospitality, Travel & Tourism	[ ] Utilities
[ ]	Insurance	[ ] Others (Please specify) Maritime Port Logistic
C. ARI	EA OF FOCUS (Please tick [√] where	appropriate)
[ ]	Network security	[ ] Intrusion detection/prevention
[]	Application security	[ ] Incident response/forensic
[ ]	Mobile security	[ ] Computer access control
[]	Malware/spyware analysis	[ ] Authentication
[]	Information security	[ ] Firewall
[]	Risk audit/management	[ ] IOT security
[]	Training	[ ] Others – please specify:
\ <b>\</b> /~	ld vou like to be included in the BA	mbors WhatsAnn Group Chat? Inlance tick //
	ia you like to be included in the Mi Yes	embers WhatsApp Group Chat? [please tick √]
	No	

## PLEASE COMPLETE THIS FORM AND RETURN TO: -

## **PIKOM CYBERSECURITY CHAPTER**

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