

The Collaboration for Research on Illicit Networks, Criminal Intelligence and Security (INCIS)

APPLICATION FOR AFFILIATION

TITLE:

LAST NAME:

FIRST NAME:

ORGANISATION:

PHONE NUMBER*:

EMAIL*:

PERSONAL WEBSITE:

MEMBERSHIP
CATEGORY:

Academic Member

Non-Academic Member (E.g. Law Enforcement Partner)

Affiliate Member (E.g. Research Student)

KEY AREA OF
RESEARCH EXPERTISE:

BIOGRAPHY:

*Please tick the box to indicate that you would like your contact details displayed on the website.
