



A2. Expert Member Application Form

Effective Date Reference: January 09, 2026

Universal Terms (Applies to This Template)

Mandatory Disclaimer

“This is a voluntary standards document based solely on publicly available materials; it is not legal advice, not a regulatory determination, and not investment advice.”

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SSA collects the information you submit to evaluate participation eligibility (A1/A2) or to review evidence-based submissions (A6). SSA will store submissions securely and retain them as needed for auditability, corrections, and historical recordkeeping. SSA may publish limited information for transparency (e.g., member names/affiliations and high-level COI summaries), but will not publish personal contact details except with your consent. You may request correction of your personal data. If you choose to submit anonymously, SSA may be unable to follow up. Do not submit non-public, confidential, stolen, or security-sensitive exploit details; use Responsible Disclosure instructions below where applicable.

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Public-Facing Communications

Participation in, or submission to, SSA must not be represented as governmental approval, regulatory-equivalent endorsement, or certification. SSA outputs are evidence-based summaries of publicly available information and are not adjudications of legality or compliance.

Submission email: applications@FedSSA.org

Suggested deadline: February 27, 2026 (11:59 p.m. ET)



Section 1 — Applicant Information

Full legal name	
Preferred name (optional)	
Residence (state/country)	
Email / phone	
LinkedIn / personal website (optional)	
Primary domain(s) of expertise	<input type="checkbox"/> Law/Consumer Protection <input type="checkbox"/> Payments/Redemption Ops <input type="checkbox"/> Security <input type="checkbox"/> Assurance <input type="checkbox"/> Governance <input type="checkbox"/> Risk <input type="checkbox"/> Other: _____

Section 2 — Verifiable Credentials (attach) & Public References

Attach your CV/resume. Provide at least two verifiable public references (papers, standards contributions, reports, open-source work, public testimony, or equivalent).

Reference #1 (URL/citation)	
Reference #2 (URL/citation)	
Reference #3 (optional)	

Section 3 — Eligibility & Independence Confirmations

- I will serve in a personal capacity and not as a representative of an institution.
- I have verifiable qualifications in at least one relevant domain (e.g., 5+ years experience; published research; senior roles with verifiable outputs).
- I accept COI disclosure and recusal obligations and will update COI upon material change.
- I agree not to use participation for investment promotion, market signaling, or endorsement claims.
- I will comply with SSA communications rules (no unauthorized speaking on behalf of SSA) and confidentiality expectations for drafts/deliberations.

Section 4 — Intended Contribution

Describe concrete contributions you intend to make (drafting/review, methodology, evidence review, red-team/blue-team process, templates).



Section 5 — Minimum COI Disclosure (24-month lookback)

Amounts are not required unless legally required. Use ranges or 'below disclosure threshold' where applicable.

Paid advisory/consulting work for relevant entities?	<input type="checkbox"/> No <input type="checkbox"/> Yes (describe): _____
Employment/board roles in relevant entities?	<input type="checkbox"/> No <input type="checkbox"/> Yes (describe): _____
Material holdings in relevant assets/entities?	<input type="checkbox"/> None <input type="checkbox"/> Below threshold <input type="checkbox"/> <1% <input type="checkbox"/> 1–5% <input type="checkbox"/> >5% Notes: _____
Close family/household member role in relevant entity?	<input type="checkbox"/> No <input type="checkbox"/> Yes (describe): _____
COI tier (if known)	<input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/> Unsure / request SSA classification
COI summary (required)	

Section 6 — Compensation / Reimbursement (if applicable)

If SSA offers travel reimbursement or stipends, you agree to follow SSA policies and disclose potential conflicts arising from compensation.

I understand participation is not employment and does not create an agency relationship.

Section 7 — Signature

Signature	
Date	____ / ____ / ____