



U.S. Payments Forum Membership Application

Instructions for completing this form: This form can be completed on your computer by clicking on the highlighted areas to enter text or checking the appropriate box. Once completed, please send the form by email as an attachment to rvanderhoof@uspaymentsforum.org or fax to the U.S. Payments Forum at (1)-609-897-0262.

Organization Name:	
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Completing this application form serves as a letter of intent by the organization listed above to join the U.S. Payments Forum, a cross-industry body created to address a variety of payments technologies that protect the security of, and enhance opportunities for payment transactions within the U.S. Included among these technologies are EMV, tokenization, card-not-present transaction, encryption, and mobile and contactless payments. The U.S. Payments Forum bylaws define seven membership categories. Select the appropriate membership level at which you intend to join. Please carefully review the benefits and any limitations associated with each level.

Check Desired Membership Box	Membership Level	Annual Membership Fee	Annual Membership Fee for Current Secure Technology Alliance members (20% discount)
<input type="checkbox"/>	Global Payments Network	<input type="checkbox"/> US \$25,000	Not applicable
<input type="checkbox"/>	Principal PLUS Member*	<input type="checkbox"/> US \$18,000	Not applicable
<input type="checkbox"/>	Principal Member	<input type="checkbox"/> US \$12,000	<input type="checkbox"/> US \$9,600
<input type="checkbox"/>	General Member	<input type="checkbox"/> US \$5,000	<input type="checkbox"/> US \$4,000
<input type="checkbox"/>	Industry Association Member	<input type="checkbox"/> US \$1,750	<input type="checkbox"/> US \$1,400
<input type="checkbox"/>	Government Member	<input type="checkbox"/> US \$1,750	<input type="checkbox"/> US \$1,400
<input type="checkbox"/>	Associate Member	<input type="checkbox"/> US \$1,200	<input type="checkbox"/> US \$960

** This level of membership in the Forum includes privileges in the Secure Technology Alliance*

I acknowledge that I have read the U.S. Payments Forum bylaws, meet the qualifications for the membership level selected, and agree to the terms and conditions of the U.S. Payments Forum.

U.S. Payments Forum membership runs for one year, beginning with the first day of the month that the application is received. This membership expires one year after the start date of this membership. The applying member intends to join the U.S. Payments Forum at the membership level indicated above and agrees to the payment of the annual membership fee. Payment terms are (30) days from the date of signing this application.

Method of Payment:	<input type="checkbox"/> Check <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> Wire Transfer Send check to: U.S. Payments Forum, 191 Clarksville Road, Princeton Junction, NJ 08550 International wire transfers: Bank of America 3745 Quakerbridge Road Mercerville, NJ USA 08619 1-609-586-8200 <div style="text-align: right;">International SWIFT # BOFAUS3N, Bank Account # 381 018 973 631</div>
Name on Card	
Card Number	
Billing Address:	



(Including street, city, state or province)		
Postal Code:		Country:
Expiration Date		Card Security Code:
Name authorizing this application		Date:

Please complete the following information about your organization:	
Organization Name:	
Web URL:	
Address:	
Postal Code:	
Country:	

Primary Member Point of Contact (for official letters and renewal notices and/or payments)	
Name:	
Title:	
Email:	
Phone:	
Fax:	

Organization Type (e.g., issuer, processor, merchant, acquirer, global/regional payment network, industry supplier, consultant)	
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Primary Service Offered (e.g., cards, devices, terminals, card issuance, services, payments applications)	
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Provide short description of company:	
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Permission to include company name on membership lists for general marketing purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to provide link from U.S. Payments Forum site to your organization's website:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide exact URL to link to your website:	

Please list the key contact to receive official notices, renewals and payment information:

Name (Key Contact):	
Title:	
Company:	
Address:	
Postal Code:	
Country:	
Phone:	
Email:	

Please list other company contacts, including external PR firms, to receive newsletters, announcements, and other electronic communications:

Name:	
Title:	
Company:	
Address: (if different than above)	
Postal Code:	
Country:	
Phone:	
Email:	

Other contacts to receive newsletters, announcements, and other electronic communications:

Name:	
Title:	



Phone:	
Email:	

Name:	
Title:	
Phone:	
Email:	

Name:	
Title:	
Phone:	
Email:	

Name:	
Title:	
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Name:	
Title:	
Phone:	
Email:	

Please send all pages of this form by email as an attachment to rvanderhoof@uspaymentsforum.org or fax to the U.S. Payments Forum at (1) 609-897-0262.

Thank You.