



# Electronic Transactions Association Membership Application

## GENERAL INFORMATION

Company Name				
Street Address				
Mailing Address				
City		State		ZIP
Main Company Phone		Main Company Fax		Web site
Primary Contact Name		Title		
Direct Phone		Extension	Direct Fax	E-mail
Voting Contact Name		Title	Extension	Direct fax E-mail

Please list additional company representatives on the back of this form.

## MEMBERSHIP CATEGORY

Please check the category that applies to your company:

**SERVICE PROVIDER**

1. Companies that drive the acceptance of e-payments, products and services to merchants at the POS and/or serve as the distribution channel to merchants for payments related products and services.

2. Companies that provide products and services to enable acceptance of electronic payments

Check the primary nature of your business:

- |  |  |
|--|--|
| <input type="checkbox"/> ISO                               | <input type="checkbox"/> Business Financing            |
| <input type="checkbox"/> Processor                         | <input type="checkbox"/> Data Security/Compliance      |
| <input type="checkbox"/> Consultant                        | <input type="checkbox"/> Prepaid/Gift/Loyalty          |
| <input type="checkbox"/> Technology<br>(Hardware/Software) | <input type="checkbox"/> Check Processing              |
| <input type="checkbox"/> Cash Advance                      | <input type="checkbox"/> Other (Please identify) _____ |

**FINANCIAL INSTITUTION**

Any business entity that is state or federally regulated as a financial institution.

## ETA PRIVACY POLICY

NOTE: ETA occasionally provides membership listings to other members or other interested parties. To ensure that we only provide the information you want released, please select one of the following:

- My information as shown above may be distributed.
- My information as shown above except for my e-mail address may be distributed.
- My information as shown above should not be distributed.

## DUES & PAYMENT

ETA membership dues are based on a standard calendar year, January 1, 2012 – December 31, 2012.

### SERVICE PROVIDER

Based on gross revenue (all revenues derived from electronic transactions activity, including equipment sales, leases, etc. - minus interchange, dues and assessments.)

Check Applicable Box:

- |  |         |          |
|--|---------|----------|
| <input type="checkbox"/> Up to \$1 million             | \$ 800  | \$ _____ |
| <input type="checkbox"/> \$1 million to \$5 million    | \$1,500 | \$ _____ |
| <input type="checkbox"/> \$5 million to \$15 million   | \$2,100 | \$ _____ |
| <input type="checkbox"/> \$15 million to \$100 million | \$3,250 | \$ _____ |
| <input type="checkbox"/> Over \$100 million            | \$4,000 | \$ _____ |

### FINANCIAL INSTITUTION

Based on total assets. Check Applicable Box:

- |   |         |          |
|---|---------|----------|
| <input type="checkbox"/> Up to \$250 million          | \$1,250 | \$ _____ |
| <input type="checkbox"/> \$250 million to \$1 billion | \$2,000 | \$ _____ |
| <input type="checkbox"/> Over \$1 billion             | \$3,500 | \$ _____ |

**TOTAL DUES SUBMITTED** \$ \_\_\_\_\_

### PAYMENT MUST ACCOMPANY MEMBERSHIP APPLICATION.

- Make check payable in U.S. funds to: Electronic Transactions Association  
Check No. \_\_\_\_\_

Return this completed application along with payment to:

**Electronic Transactions Association**  
P. O. Box 741657  
Atlanta, GA 30384-1657



# Electronic Transactions Association Membership Application *Continued*

## ADDITIONAL INFORMATION

Please complete information for appropriate membership category.

### SERVICE PROVIDER

Year Started \_\_\_\_\_ No. of Employees \_\_\_\_\_ No. of Offices \_\_\_\_\_

Geographic Marketing Area \_\_\_\_\_

No. of Merchants \_\_\_\_\_ No. of Terminals \_\_\_\_\_

Sponsoring Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### FINANCIAL INSTITUTION

Year Started \_\_\_\_\_ No. of Employees \_\_\_\_\_

Yes  No

Does your institution have any registered ISOs? Yes No

How many? \_\_\_\_\_

.....  
**RETURN THIS COMPLETED APPLICATION ALONG  
WITH PAYMENT TO:**

### ELECTRONIC TRANSACTIONS ASSOCIATION

**ATTN: MEMBERSHIP**

P. O. Box 741657

Atlanta, GA 30374-1657

800.695.5509 voice • 202.828.2639 fax

www.electran.org

## ADDITIONAL COMPANY REPRESENTATIVES

Additional company representatives may be listed at no additional charge. Please list company representative below. You may photocopy this form to add additional representatives.

**1** Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Direct Phone \_\_\_\_\_ Direct Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

- My information as shown above may be distributed.
- My information as shown above except for my e-mail address may be distributed.
- My information as shown above should not be distributed.

**2** Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Direct Phone \_\_\_\_\_ Direct Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

- My information as shown above may be distributed.
- My information as shown above except for my e-mail address may be distributed.
- My information as shown above should not be distributed.

**3** Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Direct Phone \_\_\_\_\_ Direct Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

- My information as shown above may be distributed.
- My information as shown above except for my e-mail address may be distributed.
- My information as shown above should not be distributed.

**4** Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Direct Phone \_\_\_\_\_ Direct Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

- My information as shown above may be distributed.
- My information as shown above except for my e-mail address may be distributed.
- My information as shown above should not be distributed.

**5** Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Direct Phone \_\_\_\_\_ Direct Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

- My information as shown above may be distributed.
- My information as shown above except for my e-mail address may be distributed.
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