



# 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**  
Any business entity or individual providing transactions processing services between merchants and settlement banks.
- 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 effective January 1 to December 31 and billed annually. Anniversary dates do not apply.

### 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 \$1,000,000             | Annual Dues | \$650   | \$ _____ |
| <input type="checkbox"/> \$1,000,000 to \$5,000,000    | Annual Dues | \$1,250 | \$ _____ |
| <input type="checkbox"/> \$5,000,000 to \$15,000,000   | Annual Dues | \$1,750 | \$ _____ |
| <input type="checkbox"/> \$15,000,000 to \$100,000,000 | Annual Dues | \$2,500 | \$ _____ |
| <input type="checkbox"/> Over \$100,000,000            | Annual Dues | \$3,000 | \$ _____ |

### FINANCIAL INSTITUTION

Based on total assets. Check Applicable Box:

- |  |             |         |          |
|--|-------------|---------|----------|
| <input type="checkbox"/> Under \$250,000,000               | Annual Dues | \$1,000 | \$ _____ |
| <input type="checkbox"/> \$250,000,000 to \$10,000,000,000 | Annual Dues | \$1,500 | \$ _____ |
| <input type="checkbox"/> Over \$10,000,000,000             | Annual Dues | \$2,500 | \$ _____ |

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

### PAYMENT MUST ACCOMPANY MEMBERSHIP APPLICATION.

- Make check payable in U.S. funds to: Electronic Transactions Association Check No. \_\_\_\_\_
- Charge dues to:       MasterCard       VISA       Diners Club  
     American Express       Discover       JCB

Account No.	Expiration Date
Cardholder Name	
Authorized Signature	



**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**

1101 16th St. N.W., Suite 402

Washington D.C. 20036

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.
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