





**Electronic Transactions Association**  
**Membership Renewal 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 \_\_\_\_\_

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