



Smart Card Alliance Membership Application

*Instructions for completing this on-line form: This form can be completed on your computer by clicking on the highlighted areas to enter text, selecting one of the prepared options, or checking the appropriate box. Once completed, please send the form by email as an attachment to rvanderhoof@smartcardalliance.org or print completed form and fax to the Smart Card Alliance. **FAX NUMBER: 609-587-4248***

Organization Name:	
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This will serve as a letter of intent of the organization listed above hereinafter referred to as Prospective Member, to join the Smart Card Alliance, a not-for-profit multi-industry member organization. with rights, privileges and responsibilities detailed in the by-laws of the Smart Card Alliance. The Alliance offers five membership categories. Select the membership level at which you intend to join:

Please Select Membership Level	Membership Level	Dues, Per Annum
<input type="checkbox"/>	Leadership Council	US \$12,000
<input type="checkbox"/>	General	US \$5,000
<input type="checkbox"/>	Government	US \$1,750
<input type="checkbox"/>	University	US \$1,750
<input type="checkbox"/>	Associate	US \$1,200
<input type="checkbox"/>	*Special Rate	US <i>(*based on SCA committee approval)</i>

The Smart Card Alliance membership year runs for one year starting with the first month of the member’s date of joining the Smart Card Alliance. The Smart Card Alliance does not lobby and no allocation of dues is necessary for tax purposes.

The Prospective Member intends to join the Smart Card Alliance at the membership level indicated above and agrees to the annual dues. 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 <i>Send check to: Smart Card Alliance, 191 Clarksville Road, Princeton Junction, NJ 08550</i> <i>International wire transfers: Bank of America 3745 Quakerbridge Road Mercerville, NJ USA 08619 1- 609-586-8200</i> <i>International SWIFT # BOFAUS3N, SCA Bank Account # 381 018 973 631</i>	
Name on Card		
Card Number		
Billing Address: (Including street, city, state or province)		
Postal Code:		Country:
Expiration Date		Card Security Code:
Name of person authorizing this application		Date:

Please complete the following information about the organization:
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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:	

Primary Markets Served (i.e. corporate, government, financial, healthcare, transportation, other)	
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Primary Service or Technology Offered (i.e. smart cards, software, readers, biometrics, payments, other)	
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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 Smart Card Alliance website to your organization's website:	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please provide exact URL to link to:	
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Please list the referring Smart Card Alliance member that directly lead you to join, if applicable:

Name:	
Company:	

Please list all names to be included in Smart Card Alliance database for mailings and email:

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

Other contacts in organization (include PR contact, even if you use a 3rd party) to receive mailings, news and announcements, monthly Smart Card Talk newsletter, and other email:

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

Please add any additional contacts in organization to receive mailings, news and announcements, monthly Smart Card Talk newsletter, and other email on the page below:

Optional Additional Contacts Form

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

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

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

END OF FORM