



Secure Technology Alliance Membership Application

Instructions: Complete this 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, send the form by email as an attachment to rvanderhoof@securetechalliance.org or print it completely and fax to the Secure Technology Alliance at **609-799-7032**.

Organization Name:	
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This will serve as a letter of intent of the organization listed above and hereinafter referred to as Prospective Member, to join the Secure Technology Alliance, a not-for-profit multi-industry member organization, with rights, privileges and responsibilities detailed in the bylaws of the Secure Technology Alliance. The Alliance offers seven membership categories. Select the membership level that you intend to join:

Select Membership Level	Membership Level	Annual Dues
<input type="checkbox"/>	Leadership Council PLUS*	US \$18,000
<input type="checkbox"/>	Leadership Council	US \$14,000
<input type="checkbox"/>	General	US \$6,000
<input type="checkbox"/>	Government	US \$2,100
<input type="checkbox"/>	University	US \$2,100
<input type="checkbox"/>	Associate	US \$1,400
<input type="checkbox"/>	Special Rate	US <i>(based on Alliance approval)</i>

*This PLUS membership level in the Secure Technology Alliance includes [dual membership in the U.S. Payments Forum.](#)

The Secure Technology Alliance membership year runs for one year starting with the first month and day joined. The Secure Technology Alliance does not lobby and no allocation of dues is necessary for tax purposes.

The prospective member intends to join the Secure Technology Alliance at the membership level indicated above and agrees to the annual dues. Payment terms are 30 days from the date of submitting this application.

Method of Payment:	<input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <i>Make checks payable to "The Secure Technology Alliance," and mail to: Secure Technology Alliance, 191 Clarksville Road, Princeton Junction, NJ 08550</i> <input type="checkbox"/> Wire Transfer : <i>I request wire transfer instructions be sent to new member contact</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 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, renewal notices and/or payments)	
Name:	
Title:	
Email:	
Phone:	
Fax:	

Primary Markets Served (e.g., corporate, government, financial, healthcare, transportation, IoT, identity/access, other)	
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Primary Service or Technology Offered (e.g., smart cards, secure chip, encryption, software, readers, biometrics, integration services, 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 Secure Technology 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 Secure Technology Alliance member that led you to join, if applicable:

Name:	
Company:	

Please list the contact (if other than the Primary Contact) representing your company in Secure Technology Alliance programs, events, and other member activities:

Name of contact:	
Title:	
Company:	
Address:	
Postal Code:	
Country:	
Phone:	
Email:	

Other contacts, such as 3rd party PR firm, to receive email sent by the Alliance to its members, including the daily industry news, Alliance news and announcements, Alliance Monthly Member Bulletin, Quarterly Newsletter, and other communications:

Name:	
Title:	
Email:	

Name:	
Title:	
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Name:	
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