

Membership Application

This will serve as a letter of intent of the organization listed below 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. All items marked with asterisk (*) are required.

Organization Details	
Organization Name*	Website*
Address*	
Street Address Line 1*	
City*	State/Province*
Please attach logo (Max file size 520MBjpg .gi	f .png .pdf)
Provide Short Description of Company * (Or atta	ich separate file)
Permission to include Company name on membe	ership lists for general marketing purposes.*
☐ Yes	
□ No	
Permission to provide link from Secure Technolog	gy Alliance site to your organization's website. *
☐ Yes ☐ No	
L NO	
Member qualifications and benefits vary by mem	bership level as described at Membership Information
•	(securetechalliance.org). Membership dues are based
on member's annual revenue. Annual Revenue*_	
Select desired Membership Level and Dues 1	Tier based on annual revenue. Select only one.
Leadership (revenue = dues)	
☐ <\$100 Million = \$14,000	☐ >\$1 Billion = \$20,000
☐ \$100 Million-\$1 Billion = \$18,000	☐ Global Payment Networks = \$30,000
Principal (revenue = dues)	
☐ Start-up (<2 yrs.) = \$4,000	☐ \$10-\$50 Million = \$10,000
☐ Merchants = \$14,000	☐ \$50-\$100 Million = \$12,000

□ <\$5 Million = \$6,0	000	☐ \$100-\$500 Million = \$14,000
☐ \$5-\$10 Million = \$	\$8,000	□ >\$500 Million = \$16,000
General (revenue	= dues)	
☐ Start-up (<2 yrs.)	•	☐ \$10-\$50 Million = \$5,000
\square Merchants = \$6,0	• •	□ \$50-\$100 Million = \$6,000
☐ <\$5 Million = \$3,0		☐ \$100-\$500 Million = \$7,000
□ \$5-\$10 Million = \$		□ >\$500 Million = \$8,000
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Associate		
□ All government a	gencies, colleges & univer	sities, and industry associations = \$2100
Individual		
☐ Student = \$50☐ Retiree = \$600		☐ Individual = \$1,200
application. The Secure Technomonth joined and renews automorth joined and renews automorthis. The Secure Technology I acknowledge that I have rea Policies – Secure Technology Al established by the Board, pay the	ology Alliance membership ye matically on the anniversary Alliance does not lobby, and d the Secure Technology Allia lliance (securetechalliance.or he annual dues until notifying	are 30 days from the date of submitting this ear runs for one year starting with the first day of the date unless prior notice of cancellation is provided in I no allocation of dues is necessary for tax purposes.* Ince bylaws at Membership Information: Bylaws and eg), agree to comply with the bylaws and policies the Alliance of non-renewal in writing, meet the eithe Terms and Conditions of the Secure Technology
Industry Classification (S	Select <u>all</u> that apply)	
□Acquirer	☐Industry Association	☐Domestic Debit Network
□Bank	☐Industry Supplier	☐Service Provider
□ Consultant	□Integrator	☐Software Products
□Cryptocurrency	□ISO	☐Student / Retiree
□Distributor	□Issuer	□Systems Manufacturer (HW &/or SW)
□End User	□ISV	□University (or College)
□Gateway	□Merchant	□ATM Network
	☐ Mobile Payments	
□Global Payment Network	☐ Other Fintech	□Other
□Government (Federal, State, Local)	□Processor	List other industry classification:
Products Offered (Select	all that apply)	
□ ATM	☐ NFC (cards or devices	Software
☐ Biometrics	☐ Payments	☐ Terminals
☐ Card Issuance	☐ Payments Application	

	☐ Readers	List other device types:
☐ Credential Issuance		
☐ Encryption	☐ Secure Chip	☐ Other
\square Integration Services	☐ Services	List other:
□ ІоТ	☐ Smart Cards	
Markets Served (Select	: <u>all</u> that apply)	
☐ Corporate	☐ Healthcare	☐ Merchants/Retail
☐ Education	☐ Identity/Access	☐ Transportation
☐ Financial	☐ Insurance	☐ Utilities
☐ Government	□ ІоТ	Other
Government agencies:	☐ Manufacturing	List other:
		e new member an electronic invoice. Payment ctions for each payment method will be
included with the electron Member Primary Point of First Name*	ic invoice. Contact Last Na Email addre	eme*ess*e
included with the electron Member Primary Point of First Name* Title* Work phone*	ic invoice. Contact Last Na Email addre Mobile phon	ame*ess*
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If you have any questions or issues while filling out the form, please email Charlie Ross: cross@securetechalliance.org or download the application and email to Charlie Ross.