

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 six membership categories. Select the membership level at which 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 \$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 (based on Alliance approval)

***This level of membership in the Secure Technology Alliance includes dual membership privileges in the U.S. Payments Forum. See Forum membership benefits [here](#).**

The Secure Technology Alliance membership year runs for one year starting with the first month of the member's date of joining the Secure Technology Alliance. 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 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 Send check to: Secure Technology Alliance, 191 Clarksville Road, Princeton Junction, NJ 08550 International wire transfers: Bank of America 3745 Quakerbridge Road Mercerville, NJ USA 08619 1- 609-586-8200 International SWIFT # BOFAUS3N, STA Bank Account # 381 018 973 631	
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:
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Please complete the following information about the organization:	
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
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Permission to provide link from Secure Technology Alliance website to your organization's website:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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 key contact (if other than the Primary Contact) for representing company in Secure Technology Alliance programs, events, and other member activities

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

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

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, Alliance Monthly Member Bulletin, Quarterly Newsletter, and other information:

Name:	
Title:	
Company:	
Address: (if different than above)	
Postal 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:	

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

Thank you!