



APPLICATION FOR ASSOCIATE MEMBERSHIP

Instructions

Please complete all fields that apply to you.

Tax ID: If applying as a single-person business, please provide your Employer Identification Number (EIN) assigned to your business by the Internal Revenue Service. If you do not have an EIN, leave this field blank. Do not provide your Social Security Number.

Signature: Upon completion of the form, sign the application.

Verification of identity: To confirm applicant identity, the FPC requests the URL of the LinkedIn profile of the Designated Voter/Primary Contact.

Application submission: Scan the signed application and email it to info@fasterpaymentscouncil.org.

Please allow up to 6 weeks for processing of your application by the U.S. Faster Payments Council membership committee. Once your application for Associate Membership has been approved, you will receive a welcome packet and invoice for the membership fee.

Application Form

Personal Information

Name: _____

Business Name: _____
(if applying as a single member business)

DBA Name: _____
(if applicable when applying as a single member business)

Address: _____
Street Address *Suite/Box #*

City *State* *ZIP Code*

Phone: _____ Email: _____

Tax ID: _____ Website: _____
(If applying as single member business, provide Employer Identification Number. Do not list Social Security Number)

Business or Profession: _____

How did you hear about us? _____

Representations and Signature

I certify that I am a single person business or individual with a professional or business interest in payments issues who, if employed, am not in any way representing, reimbursed by, or funded by my employer organization.

I agree to adhere to the bylaws of the U.S. Faster Payments Council. I understand that providing false or misleading information in my application may result in rejection of the application.

Signature: _____ Date: _____

Title: _____

LinkedIn URL: _____