



## APPLICATION FOR BUSINESS MEMBERSHIP

### Instructions

All fields should be completed. (Exception: the Liaison Organizations segment does not pay dues, and does not need to fill out the Designated Voter, Tax ID or Annual Revenue fields.)

### Member Segment:

Select the segment that best describes your organization from the following options:

Voting Segments	
<b>Financial institutions</b>	State or federally chartered banks, credit unions and brokerage firms or organizations that represent financial institutions that provide payment services to end users and clear and settle payments on their behalf.
<b>Payment network operators</b>	Entities that operate a payment network infrastructure or organizations that represent such payment networks.
<b>Technology providers</b>	Entities (other than payment network operators and financial institutions) that process payments, facilitate use of payment networks and/or provide payments-enabling services to any other unaffiliated stakeholders, including end users; this segment would also include organizations that represent technology providers.
<b>Consumer organizations</b>	Organizations that represent natural persons for the purposes of making and/or receive payments for personal, family or household use and not for the purposes of commercial/business use.
<b>Business end users</b>	Organizations that make or receive payments for commercial/business use or entities that represent those organizations.
<b>Others</b>	Representatives from business and industry organizations with an interest in payments issues, such as associations, rules and standards organizations, and consultancies.
Non Voting Segments	
<b>Liaison Organizations</b>	Public sector organizations, regulators, policymakers and other entities that the Board determines will bring important view points and insight.

Annual Revenue:

Select the revenue range that best describes your organization's total global revenue in 2017 and note the membership fees that will be assessed for 2019.

<b>Annual Revenue</b>	<b>General Member</b>
Associate Members	\$250
< \$5 million	\$500
\$5 million - <\$10 million	\$1,500
\$10 million - <\$100 million	\$3,000
\$100 million - <\$500 million	\$6,000
\$500 million - <\$1 billion	\$15,000
\$1 billion - <\$5 billion	\$30,000
\$5 billion - <\$10 billion	\$45,000
\$10 billion - <\$20 billion	\$60,000
>= \$20 billion	\$90,000

Designated Voter and Alternate Contact:

One employee from each member organization will be designated as the primary contact/voting member representing the organization. The organization may also provide an alternate contact. Once the organization's membership application has been accepted, it will have the opportunity to submit the names of other employees to join the FPC mailing list.

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](mailto: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 Business Membership has been approved, you will receive a welcome packet and invoice for the membership fee.



## Application Form

### Business Information

Business Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

*Suite/Box #*

*City*

*State*

*ZIP Code*

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Tax ID: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Member Segment: \_\_\_\_\_ Annual Revenue: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Employee Representatives

*Please list the employee(s) that will represent this business to the FPC. Only one individual may vote on behalf of the business.*

#### Designated Voter – Primary Contact

Full Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Alternate Contact

Full Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Representations and Signatures

*I certify that my answers are true and complete to the best of my knowledge. I certify that I am both employed by and authorized to submit this application on behalf of the business named above.*

*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 our application.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

LinkedIn URL for primary contact: \_\_\_\_\_