



MEMBERSHIP APPLICATION

Full Name:		Title:		
Organization:				
Address:				
City:	State:		Zip:	
Phone:			Fax:	
Email Address:		Website:		
Brief description of business:				
Signature		Date*:		
Joining after October 1st will pay your company dues through December 31 of the ensuing calendar year				
Please include payment of \$1,250.00 for annual membership subscription.				
-CREDIT CARD PAYMENT -				
□VISA □MASTERCARD □AMERICAN EXPRESS AMOUNT: \$1,250.00			DUNT: \$1,250.00	
CC#	EXPIRATION DATE:/ Security Code:			
SIGNATURE:				

A corporate brochure or other supporting material must accompany this application. Send completed application to:

Association for Financial Technology

34 N. High Street New Albany, OH 43054-8507

Phone: 614/895-1208 Fax: 614/895-3466 Email: aft@aftweb.com