



ACCREDITED STANDARDS COMMITTEE X9, INC. MEMBERSHIP ENROLLMENT APPLICATION

Please indicate the method of payment:

- Check enclosed. (Make check payable to Accredited Standards Committee X9, Inc.)
Charge my credit card: Discover VISA MasterCard American Express

Account Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Choose the appropriate category for your organization:

Categories A, B and C have free access to all ASC X9, Inc. Standards on the www.x9.org website.

- Category A \$9850* Category B \$5860* Category C \$3080* Category E \$1570 (Per national working group - indicate group(s) below)

Please indicate Working Group(s)

(e.g., X9F1) _____

*Please choose the Subcommittee(s) that interest you:

- X9A Electronic and Emerging Payments X9B Financial Services
Operations X9C Corporate Banking
 X9D Securities X9F Data and Information Security

Please complete both sections below.
Your Company's Principal Contact

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Fax (_____) _____ Email _____

Your Company's Alternate Contact

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Fax (_____) _____ Email _____

We _____ (name of organization) understand that we are making application to join ASC X9, Inc. as a member. We understand that upon receipt of our application and membership dues by ASC X9, Inc. they will provide appropriate access to the member-side of the ASC X9, Inc website. We have read, understand and will accept ASC X9's Membership Policy.

Signature Date

Please return this application form to: Accredited Standards Committee X9, Inc. 275 West Street, Suite 107, Annapolis, MD 21401