



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 31st of the ensuing calendar year.

Please include payment of \$1,250.00 for annual membership subscription

Credit Card Payment		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		Amount: \$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

3525 Piedmont Road NE
 Building Five, Suite 300
 Atlanta, GA 30305-1509

Phone: 614.895.1208 Fax: 404.240.0998 Email: aft@aftweb.org