



ASSOCIATE MEMBERSHIP APPLICATION AND AGREEMENT

Name: _____ Title: _____

Company Name: _____ Department: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Primary Business Model:

Third-Party Service Provider

Third-Party Sender

Hardware Service Provider

Software Service Provider

Other _____

If you are a Third-Party Sender and facilitate payments:

How many Originators do you have? _____

How many payments do you originate annually? _____

Annual Associate Membership are assessed at the beginning of each calendar year. Dues are automatically renewed each year unless written cancellation is received 30 days in advance. Annual dues may be paid by check, or you can request an invoice.

Hardware Service Provider/Software Service Provider = \$1,000

Third-Party Service Provider = \$1,000

Third-Party Sender with Less than 6 Originators AND/OR Less than 6,000 payments annually = \$500*

Third-Party Sender with More than 6 Originator AND/OR More than 6,000 payments annually = \$1,000*

Please select the method in which you would like your dues to be paid:

Invoice Me

Check (payable to EPCOR)

*The scale rounds up. Meaning if your company has less than 6 Originators but more than 6,000 payments annually, your dues would be \$1000.

** EPCOR reserves the right to disassociate itself from any organization that, in our opinion, fails to abide by our Code of Conduct or otherwise brings discredit to EPCOR and/or the payments profession. I understand that by providing my email and fax number, I consent to receive email and faxes sent by EPCOR. I understand that EPCOR will not share my email or fax number with other organizations.

Signature: _____ Date: _____

Fees for seminars, conferences, dues, materials or services paid to EPCOR, a not-for-profit corporation, may be deductible for members for federal income tax purposes as ordinary and necessary business expenses. Dues are not deductible as charitable contributions. As always, we suggest you consult your tax attorney or tax advisor for further details. This notice is pursuant to IRS Code Section 6113.

Return to:
EPCOR, 3100 Broadway Blvd., Ste 555, KC MO 64111
Fax: 816-471-7665 or Email: memserve@epcor.org



Electronic Payments Core of Knowledge

EPCOR ASSOCIATE COMPANY PROFILE INFORMATION

Please provide information for your company profile which will appear on the EPCOR Web site at www.epcor.org. EPCOR reserves the right to edit all information.

Company Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Web site URL (logo will link to this address): _____

400 character description of services for your company profile which will be listed on the EPCOR Web site:



EPCOR CODE OF CONDUCT

EPCOR is a not-for profit trade association responsible for providing payment systems education, support and industry leadership to its members. EPCOR has adopted a Code of Conduct to ensure that the activities that affect the payments industry are conducted with the highest levels of integrity, professionalism and fairness, and to ensure a mutually beneficial relationship.

This Code of Conduct identifies the standards of behavior expected of members of EPCOR and its various programs, and non-member organizations engaged in EPCOR's activities and/or providing services to EPCOR or to members of EPCOR.

Membership in EPCOR commits members to comply with the standards of the EPCOR Code of Conduct. An organization and its representatives are in good standing under this Code if they:

1. Adhere to the spirit as well as the letter of all applicable regulations and laws, including antitrust, banking, privacy, and other relevant laws;
2. Avoid even the appearance of any criminal offense or professional misconduct;
3. Conduct business in a manner that does not adversely affect the payments industry;
4. Conduct all activities in a professional manner, thereby bringing credit to the payments profession;
5. Remain current with all financial obligations to EPCOR;
6. Comply with all applicable EPCOR policies and procedures; and
7. Work together to promote the efficiency, reliability, and security of the payments industry.

Signature: _____ Title: _____

Date: _____

Financial Institution/Company Name: _____ ABA #: _____

Both the EPCOR Membership Agreement and the EPCOR Code of Conduct must be completed, returned and payment must be received prior to activation of your EPCOR membership.

***** EPCOR reserves the right to disassociate itself from any organization that, in EPCOR's opinion, fails to abide by our Code of Conduct or otherwise brings discredit to EPCOR and/or the payments profession.***

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SUBMIT