

Membership Application

Primary TPC Representative			
Full Name:			
Company:			
Street Address:			
Div/Mailstop:		Email:	
City:		State:	
Zip/Postal Code:		Country:	
Phone:		Fax:	

Alternate TPC Representative			
Full Name:			
Company:			
Street Address:			
Div/Mailstop:		Email:	
City:		State:	
Zip/Postal Code:		Country:	
Phone:		Fax:	

Person Responsible for Payment			
Full Name:			
Company:			
Street Address:			
Div/Mailstop:		Email:	
City:		State:	
Zip/Postal Code:		Country:	
Phone:		Fax:	
Purchase Order No: (If required for billing)			

Authorized Signature	Date
Print Name	Title

Return Completed Application to:

Transaction Processing Performance Council,
2150 N 107th Street, Suite 205
Seattle, WA 98133
Phone: (415) 561-6272
Email: admin@tpc.org