



## EAP MEMBERSHIP ENROLLMENT FORM

### ANNUAL DUES

Class of Membership by Annual Revenue	Business Members	Non-Business Members
<b>Full Member</b>		
<b>&gt; = \$50 Million</b>	\$10,000	\$6,000
<b>&lt; \$50 Million</b>	\$6,000	\$4,500
<b>Associate Membership</b>		
<b>&gt; = \$50 Million</b>	\$5,000	\$3,000
<b>&lt; \$50 Million</b>	\$2,500	\$1,500

Complete the following member contact information	Only complete the following contact information if the billing contact is different from the member contact
Name:	Name:
Title:	Title
Company:	Company
Street Address:	Street Address
City/State/Zip/Country:	City/State/Zip/Country
Telephone:	Telephone
Fax:	Fax
Email:	Email
DUNS or CAGE Number:	
EIN Number:	

Please check the form of payment:

**Check:**  
 Enclosed is a check in the amount of \$\_\_\_\_\_  
**Please make all checks payable to EAP.**

**ACH Credit:**  
 If paying by ACH credit, use CCD format:  
 Network Routing and Transit #022000046  
 Account #9835164782  
 Complete in Batch Header Record: 1) Company Name, 2) Company Discretionary Data, 3) Company Entry Description (Specify Invoice #)

Send form and payment to:

The Electronic Authentication Partnership, Inc.  
 Attention: Mary Yerkes  
 13665 Dulles Technology Drive  
 Suite 300  
 Herndon, VA 20171