

ISCAN Membership Application

Association Name:

Association Web site:

Contact Person, Title, Phone # and email address:

Association Mailing Address:

Your Mandate or Mission:

Please list your members (Please provide by membership levels if you have more than 1):

In what year was your association founded?

Please explain why your association wants to be a member of ISCAN and what you expect to receive.

Please outline what you will contribute to ISCAN.

Do you agree to the commitments and benefits?

What are the prime and secondary smart card sectors (government, financial, transit/transportation or other – if other please specify) in your market?

What are the prime and secondary smart card applications in use in your market?

Is there anything else you would like us to know about your association?