



A Financial Services Alliance

2023 PRIMARY MEMBERSHIP APPLICATION

COMPANY INFORMATION

Company

Name _____

Contact

Person/Title _____

Company Website

Address _____

Company Address _____

City _____ State _____ Zip _____

Email

Address* _____

Landline Phone _____ Cell Phone _____

**Note: It is important to provide an email address as a substantial amount of information is sent to members via email.*

INFiN By-Laws - May 1999 - Membership Article III Section A3:

Each member shall pay annual dues based upon the number of locations owned and operated by the member.

I hereby certify to INFiN, ownership of [] locations.

(Print Name) _____
(Date)

(Signature)

2023 ANNUAL DUES (\$370.00 per location owned by the applicant) Number of Outlets: [] X \$370.00 =

If paying by check, please return this form with payment to:

INFiN, 1909 K Street, NW, 4th Floor | Washington, DC 20006
Attn: LeeAnn Thompson
Phone (202) 327-9714 Fax (202)419-1843 Email
ltompson@infinalliance.org

We encourage you to send payments electronically via ACH credit to:
INFiN, a Financial Services Alliance
Bank Routing Number (ABA) 054001547
Account Number 0005162680546

If paying by credit card:

TERMS: If paying by credit card, a 3% transaction fee will be charged.

[] Visa [] MasterCard [] Discover [] American Express

Credit Card # _____/_____/_____/_____ Security Code _____

Expiration Date _____/_____/_____ Amount _____

Billing Address _____

Cardholder's
Name _____

Signature _____

—

Refund Policy: Subject to approval of an application for membership, @7V membership dues are non-refundable.

PLEASE NOTE: Based on a review of INFiN's 2022 expenses, approximately 28% of your annual dues is attributable to lobbying and political expenditures and, pursuant to the Internal Revenue Code, is non-deductible as a business expense for Federal Income Tax purposes. We suggest you contact your personal tax advisor for further clarification

ADDITIONAL CONTACT INFORMATION

In order for INFiN to serve you best, please be sure to provide us with the contact information for any additional staff who would also benefit from receiving Multi-State legislative tracker, daily news clips and other member notices. Email to lthompson@infinalliance.org.

Name _____

Title _____

Street Address (if different from yours) _____

City _____ State _____ Zip _____

Email _____

Landline Phone _____ Cell Phone _____

Please check here if they would like to be added to our mobile text alert list

Name _____

Title _____

Street Address (if different from yours) _____

City _____ State _____ Zip _____

Email _____

Landline Phone _____ Cell Phone _____

Please check here if they would like to be added to our mobile text alert list

Name _____

Title_____

Street Address (if different from yours)_____

City_____State_____Zip_____

Email_____

Landline Phone_____Cell Phone_____

Please check here if they would like to be added to our mobile text alert list