



NAC Membership Application Form

THE NATIONAL ATM COUNCIL, INC.

Representing US Independent ATM Providers, Processors & Vendors/Suppliers

Company Name: _____

Your Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Office) _____ (Cell) _____

Email: _____ Fax: _____

Company Website: _____

Alt. Contact & Email Address: _____

Signature: _____ Date of Application: ____/____/____

MEMBERSHIP DUES

- ATM Operator – Affiliate (1-10 ATMs) \$100/year
- ATM Operator – Affiliate (11-50 ATMs)..... \$300/year
- ATM Operator – Affiliate (51+ ATMs)..... \$1.50 per ATM/quarter*
*(Max
- \$350/quarter) ATM Operator (Registered ISO)..... \$1,400/year or \$350/quarter
- Vendor/Supplier.....\$750/year**
**[NAC ISO & ATM Operator Members Pay Only \$375 (50% Off) to add a Vendor Membership]

Indicate Payment Method:

- PAYMENT BY CHECK:** Please make your dues checks payable to: The National ATM Council, Inc. and mail with completed application to address below.
- PAYMENT BY CREDIT CARD (As entered on Registration Form.):** Please fill out the credit card information below *(only if different from Registration Form card information)* and mail, email, or fax completed application to the address below. If preferred, you may also submit credit card information by phone to NAC at 904-683-6533.

Credit Card Information: Discover MasterCard Visa AmEx

Cardholder Signature: _____

Name as it Appears on Card (Please Print): _____

Credit Card Number: _____ Exp Date: _____

Billing Address (if different from registration address): _____

The National ATM Council, Inc.
9802-12 Baymeadows Road, #196 • Jacksonville, FL 32256

Fax: (904) 425-6010 • Association E-Mail: nacevents@natmc.org
Have questions or need more information, please call NAC HQ: (904) 683-6533

WELCOME TO NAC – THANK YOU FOR YOUR PARTICIPATION AND SUPPORT!