





LEAP / CSCIP MEMBERSHIP APPLICATION

LEAP membership is an annual subscription that is open to all individual professionals working in the smart card industry in the US and worldwide, regardless of whether their organization is a current member of the Secure Technology Alliance. LEAP membership fees are billed in advance for one full year, than billed on a prorated basis for the remainder of the calendar year in the second year so that all LEAP memberships will renew again in January of the second year and in each year thereafter.

Certified Secure Technology Industry Professional (CSCIP) designation is an option for LEAP members, but not a requirement for LEAP participation. Only complete the CSCIP Membership section on this form if you wish to apply for acceptance into the CSCIP training and certification program. CSCIP applicants who complete their CSCIP certification must maintain their LEAP membership for their CSCIP certification status to remain valid.

PERSONAL INFORMATION	
Name:	Title:
Company:	
☐ STA member company	☐ Non-STA member
Company address:	
City/State/Zip:	
Phone:	Email:
Number of years with company:	Company website:
Alternate email or phone number (in case company	information changes)
LEAP MEMBERSHIP	
☐ Secure Technology Alliance Members (All Mer Fee	mbership levels) - \$200 Annual LEAP Membership
Technology Alliance General Member commembership. (Additional LEAP members mof \$200) I acknowledge that this complimentary LEA designated Secure Technology Alliance members only: UEADERSHIP COUNCIL Members Only: Uships are offered to Secure Technology Alliance members are offered to Secure Technology Alliance.	Jp to three (3) one-time complimentary LEAP member- ance Leadership Council Member companies in good
Secure Technology Alliance member rate of	NP membership application has been approved by our ember point of contact/representative:
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CSCIP MEMBERSHIP

eligible to advance their professional developm for CSCIP certification. Applicants must submi	dessional experience in the smart card industry are sent in the Secure Technology industry by applying it a description of the professional experience in the 2) professional references familiar with their work
Certified Secure Technology Industry ProfesI DO NOT wish to apply for CSCIP certificati section on the form)	
Total number of years of Secure Technology indus	try-related experience:
Most recent past Secure Technology Industry empl	lover (if less than two years at current employer)
Company:	Website:
Position(s) held:	Number of years with company:
Sheet. List two personal professional references who	
1. Name:	Title:
Company:	
Address:	Discourse
City/State/Zip: Email:	Phone:
Email.	
2. Name:	Title:
Company:	
Address:	
City/State/Zip:	Phone:
Email:	
feel you are qualified for the CSCIP program, for revi	nts, you may submit a letter or email documenting why you lew by the Secure Technology Alliance. anual and understand the requirements for the program







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LEAP / CSCIP APPLICATION PAYMENT INFORMATION

Enter total amount to be paid by check, wire transfer or charged to the credit card below: \$Payment by:		
☐ Check (Please note "LEAP/CSCIP" on the memo line of the check, which must be in US currency only. Payable to: Secure Technology Alliance, 191 Clarksville Road, Princeton Junction, NJ 08550) ☐ Wire Transfer: Bank of America 3745 Quakerbridge Road Mercerville, NJ USA 08619 1-609-586-8200; International SWIFT # BOFAUS3N, STA Bank Account # 381 018 973 631 ☐ Credit card: Visa, MasterCard, American Express or Discover Card are accepted.		
Name on Card:		
Billing Address:		
Credit Card Account No:		
Expiration Date: Security Code:		
Email completed form to nlauzon@securetechalliance.org		
or		
fax completed form to:		

For questions, call 1-800-556-6828 or email us at nlauzon@securetechalliance.org

1-609-897-0262