



Enterprise Membership Form

DUES RATE

Enterprise Membership: \$9,000

PARENT COMPANY INFORMATION

Parent Company Name

Street Address

City/State/Zip Code

Phone Number

Fax Number

FIRM ENTITY #1 INFORMATION

Firm Name

Street Address

City/State/Zip Code

Phone Number

Fax Number

Type:

- Broker/Dealer
- Custodian
- Investment Manager
- Vendor

PRIMARY STEERING REPRESENTATIVE CONTACT INFORMATION

PREFIX

NAME

TITLE

EMAIL

ADDRESS

CITY/STATE/ZIP

COUNTRY

PHONE NUMBER

FAX NUMBER

SECONDARY STEERING REPRESENTATIVE CONTACT INFORMATION

PREFIX

NAME

TITLE

EMAIL

ADDRESS

CITY/STATE/ZIP

COUNTRY

PHONE NUMBER

FAX NUMBER

FOR ADDITIONAL INFORMATION VISIT www.isitc.org
ISITC, 390 Amwell Road, Suite 402, Hillsborough, NJ 08844
Phone +1 (908) 359-1184 Fax +1 (908) 359-7619 E-mail usainfo@isitc.org



Enterprise Membership Form

FIRM ENTITY #2 INFORMATION

Firm Name

Street Address

City/State/Zip Code

Phone Number

Fax Number

Type:

- Broker/Dealer
- Custodian
- Investment Manager
- Vendor

PRIMARY STEERING REPRESENTATIVE CONTACT INFORMATION

PREFIX

NAME

TITLE

EMAIL

ADDRESS

CITY/STATE/ZIP

COUNTRY

PHONE NUMBER

FAX NUMBER

SECONDARY STEERING REPRESENTATIVE CONTACT INFORMATION

PREFIX

NAME

TITLE

EMAIL

ADDRESS

CITY/STATE/ZIP

COUNTRY

PHONE NUMBER

FAX NUMBER



Enterprise Membership Form

FIRM ENTITY #3 INFORMATION

Firm Name

Street Address

City/State/Zip Code

Phone Number

Fax Number

Type:

- Broker/Dealer
- Custodian
- Investment Manager
- Vendor

PRIMARY STEERING REPRESENTATIVE CONTACT INFORMATION

PREFIX

NAME

TITLE

EMAIL

ADDRESS

CITY/STATE/ZIP

COUNTRY

PHONE NUMBER

FAX NUMBER

SECONDARY STEERING REPRESENTATIVE CONTACT INFORMATION

PREFIX

NAME

TITLE

EMAIL

ADDRESS

CITY/STATE/ZIP

COUNTRY

PHONE NUMBER

FAX NUMBER

**If you have more than three firm entities, please copy and paste this page and add the additional firm entity information.*



Enterprise Membership Form

PAYMENT INFORMATION

ISITC Federal Tax ID: 22-3605608

Enterprise Membership Dues: \$ _____

Total Payment Enclosed \$ _____

CHECK (made payable to ISITC) Visa MC Amex Discover

CC NUMBER _____ EXP. _____ GRAND TOTAL \$ _____

CARDHOLDER NAME _____ SIGNATURE _____

This is an enterprise membership, which will entitle the paid companies to have any number of employees covered under this membership. This will allow the companies employees to attend meetings and events at the member rate. The membership is based on the calendar year.

Please note that your association dues payment may be a tax-deductible item as an ordinary business expense. These payments are not deductible as charitable contributions. Federal Tax Id# 22-3605608

**Please send completed applications
with dues payment to:**

ISITC
390 Amwell Road, Suite 402
Hillsborough, NJ 08844

Or fax to:
(908) 359-7619

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