

# Application for ASC X12 Membership

Welcome to ASC X12 and DISA. Please refer to the appropriate table to determine your membership category and annual dues.

Each member organization is entitled to name one Voting Representative and one Voting Alternate. All other benefits apply to all employees, including affiliates, divisions, subsidiaries and partnerships.

If you are associated with a parent organization that is already a member, you may choose to apply for your own membership, which would entitle you to additional voting representation. Affiliate, division, subsidiary or partnership dues are calculated in one of two ways:

1. If your parent organization is not a member of ASC X12, dues are based on the gross revenue of your parent company.
2. If your parent organization is a member of ASC X12, and you wish to have your own membership and voting privileges, dues are based on the gross revenue of the affiliate, division, subsidiary or partnership you represent.

<b>CORPORATIONS AND COMPANIES</b>	<i>Starting</i>
<i>Gross Revenue</i> .....	<i>1/1/2002</i>
Less than \$500,000 .....	\$750
\$500,001 - 10,000,000 .....	\$1,125
\$10,000,001 - 50,000,000 .....	\$1,500
\$50,000,001 - 200,000,000 .....	\$2,250
\$200,000,001 - 500,000,000 .....	\$3,000
Greater than \$500,000,000 .....	\$5,250

<b>BANKS, S&amp;LS, AND CREDIT UNIONS</b>	<i>Starting</i>
<i>Gross Assets</i> .....	<i>1/1/2002</i>
Less than \$50,000,000 .....	\$1,125
\$50,000,001 - 250,000,000 .....	\$1,500
\$250,000,001 - 1,000,000,000 .....	\$2,250
\$1,000,000,001 - 10,000,000,000 .....	\$3,000
Greater than \$10,000,000,000 .....	\$5,250

## **NONPROFIT TRADE ASSOCIATIONS AND GOVERNMENT AGENCIES**

Payment for all nonprofit trade associations and government agencies is a flat fee of \$3,000. All nonprofit organizations will need to submit the first page of their Form 990 as proof of nonprofit status.

*Note: Canadian members must add an extra \$100 and non-North American members must add an extra \$250 to the membership fee.*

ASC X12 membership begins when your application is accepted. Dues payments are deductible as ordinary and necessary business expenses for federal income tax purposes; however you cannot deduct contributions or gifts to ASC X12 as charitable expenses.

Contact DISA concerning membership for groups located outside the U.S., individual memberships or if you would like to be invoiced for membership dues. Individual memberships are available only to people who are self-employed and have no employees. Allow ten working days for notification of application approval.

Please complete the following information, sign the form, enclose payment in U.S. dollars, and mail to the ASC X12 secretariat:

**DISA**  
333 John Carlyle Street, Suite 600  
Alexandria, VA 22314-5745

### **Organization Name to appear on ASC X12 membership list:**

**Are you an:**  Affiliate     Division  
 Subsidiary     Partnership

**If so, parent company name:** \_\_\_\_\_

1-year membership dues \$ \_\_\_\_\_

2-year membership dues \$ \_\_\_\_\_

### **1. How did you learn about X12?**

Trade or Industry Publication  
 Attended DISA Seminar  
 Attended DISA Annual Conference  
 Other (please specify): \_\_\_\_\_

X12 Member (please name): \_\_\_\_\_

Trading Partner (please name): \_\_\_\_\_

### **2. ASC X12 standards interest category (choose one):**

General Interest     Vendor/Provider  
 Standard User     User/Provider

### **3. Please specify general organization type (choose one):**

Association     Insurance  
 Computer     Manufacturer  
 Consultant     Nonprofit  
 Education     Retail  
 Finance     Service Industry  
 Government     Utility  
 Healthcare     Other: \_\_\_\_\_

over

**4. Please indicate your organization's specific activity (choose one):**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Advertising   | <input type="checkbox"/> Food                  | <input type="checkbox"/> Property/Casualty | <input type="checkbox"/> Purchasing         |
| <input type="checkbox"/> Aerospace     | <input type="checkbox"/> Grocery               | <input type="checkbox"/> Title             | <input type="checkbox"/> Retail             |
| <input type="checkbox"/> Automotive    | <input type="checkbox"/> Restaurant            | <input type="checkbox"/> Worker's Comp     | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Banking       | <input type="checkbox"/> Freight               | <input type="checkbox"/> Marketing         | <input type="checkbox"/> Textiles           |
| <input type="checkbox"/> Chemical      | <input type="checkbox"/> Furniture             | <input type="checkbox"/> Medical           | <input type="checkbox"/> Transportation     |
| <input type="checkbox"/> Computers     | <input type="checkbox"/> Government            | <input type="checkbox"/> Billing           | <input type="checkbox"/> Air                |
| <input type="checkbox"/> Consulting    | <input type="checkbox"/> City                  | <input type="checkbox"/> Lab Testing       | <input type="checkbox"/> Motor              |
| <input type="checkbox"/> Developer     | <input type="checkbox"/> Federal               | <input type="checkbox"/> Software          | <input type="checkbox"/> Ocean              |
| <input type="checkbox"/> Hardware      | <input type="checkbox"/> Services              | <input type="checkbox"/> Metal             | <input type="checkbox"/> Rail               |
| <input type="checkbox"/> Marketing     | <input type="checkbox"/> State                 | <input type="checkbox"/> Networks          | <input type="checkbox"/> Utilities          |
| <input type="checkbox"/> Software      | <input type="checkbox"/> Healthcare            | <input type="checkbox"/> Office Products   | <input type="checkbox"/> Electric           |
| <input type="checkbox"/> Construction  | <input type="checkbox"/> Imaging               | <input type="checkbox"/> Paper             | <input type="checkbox"/> Gas                |
| <input type="checkbox"/> Consulting    | <input type="checkbox"/> Industrial Hard Goods | <input type="checkbox"/> Petroleum         | <input type="checkbox"/> Oil                |
| <input type="checkbox"/> Education     | <input type="checkbox"/> Insurance             | <input type="checkbox"/> Pharmaceutical    | <input type="checkbox"/> Warehousing        |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Health                | <input type="checkbox"/> Printing          | <input type="checkbox"/> Other (specify):   |
| <input type="checkbox"/> Environment   | <input type="checkbox"/> Life/Annuity          | <input type="checkbox"/> Publishing        |   |

**Contact Information**

Are you EDI capable?  Yes  No

Company Name \_\_\_\_\_

Voting Representative \_\_\_\_\_ Title \_\_\_\_\_

Business Address (No P.O. Box Numbers) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Voting Alternate \_\_\_\_\_ Title \_\_\_\_\_

Business Address (No P.O. Box Numbers) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Method of Payment**

- Check/money order enclosed (Payable to DISA in U.S. dollars)  Charge my credit card.  
 PO# \_\_\_\_\_ (Send w/ form) *Select a card.*  MasterCard  VISA  
 Wire Transfer. For information, call (703) 548-7005, ext. 170  AMEX  Diners  Discover

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print Cardholder Name (Required) \_\_\_\_\_

Zip Code of Credit Card Billing Address (Required) \_\_\_\_\_

Cardholder Signature (Required) \_\_\_\_\_

*Please consider my company for membership in ASC X12. I understand that ASC X12 is an ANSI-accredited committee dedicated to developing standards for electronic data interchange (EDI). I further understand that members of ASC X12 are obligated to participate in the standards development process, to the full extent they are able, by attending meetings, regularly voting on the standards, and working to make sure the standards are updated and enhanced to meet business needs. I certify the annual dues assessment paid by my company is accurate to the best of my knowledge.*

Signature \_\_\_\_\_ Date \_\_\_\_\_