



CIP ISA/CP #
Event Code

The CIP-WAY™ - Membership Application Form

The **A\$SETCARD®** allows members to giveback to their favorite community organization while benefiting from a variety of Financial Services such as POS transactions, wire transfers, prepaid calling card feature, payroll services and more!

The **A\$SETCARD®** can be used at over a million retailers and internationally at any STAR® or PLUS® ATM. You control the amount of money you want to load onto your card or transfer to your companion card, anytime, daily, weekly, monthly, it's up to you!

Start supporting your community year round, just please fill out this registration form and return today or fax it back to CIP Corp. @ 866-290-8125; Attention: Cardmember Services.

Choose a Membership: [] **A\$SETCARD® - \$9.95** [] **NMCA...THE CIP-WAY™ - \$49.95**

Note: All information must be completed

Primary Member Information

16 Digit Card Number: _____

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Area Code and Phone Number: (_____) - _____ - _____ Email: _____

Date of Birth: _____ *Social Security Number: _____ - _____ - _____

Are you a U.S. Citizen? Yes ___ No ___ ID/Drivers License #: _____

Other information: *(Only if you do not have a Social Security Number)*

• Taxpayer I.D. Number: _____ • Alien I.D. Card Number: _____

• Passport Number: _____ Country of Issuance: _____

Signature: _____ Best time to contact: _____

Non Profit Organization Information

Organization Name: _____

Contact Name: _____ Middle Initial: _____ Last Name: _____

Title: _____ Membership Size: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Organization: _____

Area Code and Phone Number: (_____) - _____ - _____

Area Code and Fax Number: (_____) - _____ - _____

Email Address: _____ Website Address: _____

• EIN/Tax Exempt #: _____

Signature: _____ (certifies that all above information is correct)

** Please note that SSN is for ID purposes only, there is **NO CREDIT CHECK** to get a card!*