



Associate Membership Application

Yes, I want to become an integral part of the banking industry in Indiana. Please enroll me as an Associate Member of the Indiana Bankers Association.

Firm: _____
Contact Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____
E-mail Address: _____
Web Site: _____

In 50 words or less, please describe your products or services.

Please provide at least one reference of an Indiana bank that utilizes your product or service.

Bank: _____
City: _____
Contact Name: _____

Dues: July 1, 2009 to June 30, 2010 \$1,000

*Please make check payable to the **Indiana Bankers Association**.*

Send this form and your check to:

Associate Membership
Indiana Bankers Association
6925 Parkdale Place
Indianapolis IN 46254-4673
317-387-9380 (phone); 317-387-9374 (fax)
www.indianabankers.org