



## 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, 2011 to June 30, 2012 \$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