

# ASSOCIATE MEMBERSHIP APPLICATION

FIRM: \_\_\_\_\_ PRIMARY CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
WEBSITE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
FACEBOOK: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
LINKED IN: \_\_\_\_\_

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

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ADDT'L CONTACT: \_\_\_\_\_ ADDT'L CONTACT: \_\_\_\_\_  
TITLE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
RESPONSIBLE FOR: RESPONSIBLE FOR:  
*Marketing*      *Trade Show Coordinator*      *Marketing*      *Trade Show Coordinator*  
*Billing*      *Other: \_\_\_\_\_*      *Billing*      *Other: \_\_\_\_\_*

## Dues Schedule

Applications submitted between **July 1 - Sept. 30, 2023**, provide membership **through June 30, 2024**.

The dues amount is \$1,100.

Applications submitted between **Oct. 1, 2023 - March 31, 2024**, provide membership **through June 30, 2025**.

The dues amount is \$1,650.

Applications submitted between **April 1 - June 30, 2024**, provide membership **through June 30, 2025**.

The dues amount is \$1,100.

For more information, contact Rod Lasley at 317.333.7145 | RLasley@indiana.bank

## Business Reference

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

BANK: \_\_\_\_\_  
CITY: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

Please make checks payable to **Indiana Bankers Association**.

Sent this form and payment to:

Indiana Bankers Association  
8425 Woodfield Crossing Blvd., Ste 155E  
Indianapolis, IN 46240-7321

