

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: _____
Address: _____
City/State/Zip: _____
Phone: _____
Website: _____
Facebook: _____
Twitter: _____

Primary Contact: _____
Title: _____
Address: _____
City/State/ Zip: _____
Phone: _____
Mobile Phone: _____
Email Address: _____

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

Additional Contacts:

Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Work Phone: _____
Mobile Phone: _____
Email Address: _____

Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Work Phone: _____
Mobile Phone: _____
Email Address: _____

Responsible for:

- Marketing Trade Show Coordinator
 Billing Other _____

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- Marketing Trade Show Coordinator
 Billing Other _____

Dues Schedule

Applications submitted between
April 1 – June 30
provide membership
through June 30, 2019.
The dues amount is **\$1,000.**

Applications submitted between
July 1 – October 31
provide membership
through June 30, 2019.
The dues amount is **\$1,000.**

Applications submitted between
November 1 – March 31
provide membership
through June 30, 2020.
The dues amount is **\$1,500.**

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**

Send this form and payment to:

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

For additional information please contact:

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rlasley@indianabankers.org

