

*Application for Associate Membership*



**Name of Firm:** \_\_\_\_\_

**Contact Person/Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone:** (     ) \_\_\_\_\_ **Fax:** (     ) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Web page:** \_\_\_\_\_

**Banks currently using your product/services:**

**Bank:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Bank:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Bank:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Brief Description of Company:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

*Please return your check and the completed form to:*

*Kansas Bankers Association  
Attn: Brenda Unruh  
610 SW Corporate View  
PO Box 4407  
Topeka, Kansas 66604-0407*

*Associate Membership dues are \$1000 (billed annually for Calendar year)  
Upon approval by our Board of Directors, you will notified by mail or email*

Office Use Only:

*Mailed* \_\_\_\_\_ *Received* \_\_\_\_\_ *Approved* \_\_\_\_\_ *Paid* \_\_\_\_\_ *Declined* \_\_\_\_\_