



APPLICATION FOR ASSOCIATE MEMBERSHIP

Name of Company: _____

Contact Person/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Web page: _____

Banks currently using your products/services:

Bank: _____ City: _____ State: _____

Bank: _____ City: _____ State: _____

Bank: _____ City: _____ State: _____

Brief description of company (this will be used on KBA's website and in the annual directory):

Signature: _____ Date: _____

Associate Member fees are \$1,200 for the FIRST year, and \$1,000 for subsequent years, and are billed annually for the calendar year. Upon approval by the KBA Board of Directors, you will be notified by email. Please include your check with this application, or to pay by credit card, please contact Brenda L. Unruh at 785-232-3444.

Please return your completed application (and check if applicable) to:

Kansas Bankers Association

Attn: Brenda L. Unruh – SVP Administration & Member Services

610 SW Corporate View

Topeka, KS 66615