



KANSAS BANKERS ASSOCIATION

Application for Affiliate Financial 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:** _____

An Affiliate Financial Membership is available to out-of-state chartered banks that do not have any operating branches in the state of Kansas. The dues are \$6,000 billed annually for the calendar year, upon approval by the KBA Board of Directors. You will be notified by mail or by email when your application is approved.

Please return completed form to: *Kansas Bankers Association*
Attn: Brenda Unruh
610 SW Corporate View
P.O. Box 4407
Topeka, KS 66604-0407
[*bunruh@ksbankers.com*](mailto:bunruh@ksbankers.com)

Office Use Only:

Mailed _____ *Received* _____ *Approved* _____ *Paid* _____ *Declined* _____