



# 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 financial institutions that do not qualify for full KBA membership, but that do business in the state of Kansas. The dues are \$7,500 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  
P.O. Box 4407  
Topeka, KS 66604-0407  
[bunruh@ksbankers.com](mailto:bunruh@ksbankers.com)

Office Use Only:

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