



Associate Member

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 \$1,800 for the FIRST year, and \$1,500 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 use this form as your invoice.***

*Please note: Associate Membership in the KBA is not an endorsement.

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

Kansas Bankers Association

Attn: Brenda L. Unruh – SVP

610 SW Corporate View

Topeka, KS 66615