

# Associate Membership Application



## Company Information

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

President/CEO: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact (if different): \_\_\_\_\_ Email: \_\_\_\_\_

Accounting/Accounts Payable: \_\_\_\_\_ Email: \_\_\_\_\_

### Marketing Opportunities of Interest

### Contact

### Email

Exhibiting at Annual Convention \_\_\_\_\_

Sponsorship at Annual Convention \_\_\_\_\_

Other Event Sponsorship \_\_\_\_\_

Speaking Opportunities \_\_\_\_\_

Topics \_\_\_\_\_

Editorial Contribution \_\_\_\_\_

Advertising \_\_\_\_\_

Newsletter \_\_\_\_\_

Website \_\_\_\_\_

Magazine \_\_\_\_\_

Other \_\_\_\_\_

Our company provides the following products/services (you may select up to 3 for the online directory):

\_\_\_\_\_

Reasons for supporting CBAO: \_\_\_\_\_

\_\_\_\_\_

## Associate Member Dues Schedule

Annual Associate Membership Fee: \$1,300.00

Once application is approved, an invoice will be created and sent to your accounts payable contact. Please make checks payable to Community Bankers Association of Ohio.

Signature \_\_\_\_\_ Date \_\_\_\_\_