

# ASSOCIATE MEMBERSHIP APPLICATION

## COMPANY INFORMATION

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

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

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## MARKETING OPPORTUNITIES OF INTEREST

Exhibiting / Sponsoring @ CBAO's Annual Convention

Speaking Opportunities  
Topics of Expertise: \_\_\_\_\_

Hospitality House Sponsorship

Region Meeting Sponsorship

Print & Digital Advertising

Content Marketing – article submissions for our  
magazine, *The Ohio Community Banker*

Please indicate the (3) categories you would like to be listed under in our member directory:

\_\_\_\_\_

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## ASSOCIATE MEMBER DUES

Annual Associate Membership Fee: \$1,400.00

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: \_\_\_\_\_