

**APPLICATION FOR INSTITUTIONAL
MEMBERSHIP IN THE
NATIONAL BANKERS ASSOCIATION**

Bank Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Chairman's Name: _____
President's Name: _____
CEO's Name: _____

(If not one of the above)

Total Assets: _____ (in \$million) As of ____/____/____
Total Deposits: _____ (in \$ million) As of ____/____/____

Minority Classification: _____
Date Bank Established: _____
Date Minority Classification Established: _____
Regulatory Agency: _____
Number of Branches: _____ **Charter Number:** _____

The following individuals are designated as the contact person(s) for

(Bank Name)

Contact Person(s)
Name: _____
Title: _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone () _____ **Fax ()** _____
E-Mail Address: _____

Name: _____
Title: _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone () _____ **Fax ()** _____
E-Mail Address: _____

Enclosed is our check number _____ in the amount of \$ _____
For membership dues in the National Bankers Association

Please remit to: National Bankers Association
1513 P Street, NW
Washington, D. C. 20005
(202) 588-5432
(202) 588-5443 (Fax)
www.nationalbankers.org