

VERMONT BANKERS ASSOCIATION, INC.



APPLICATION FOR ASSOCIATE MEMBERSHIP

Associate Membership fee is \$700.00 per year and is due and payable on the anniversary date of this application's acceptance. A check should be submitted with this application or you may contact the Association to remit your dues payment via credit card.

NAME OF ORGANIZATION:

STREET ADDRESS:

MAILING ADDRESS:

CITY, ST, ZIP:

TELEPHONE:

FAX NUMBER:

WEBSITE ADDRESS:

Please provide a brief description of your organization. This information will be used for inclusion in our printed directory and on our website. (Additional information can be attached.)

Please list names and contact persons of any Vermont banks that you currently do business with or other references.

The undersigned agrees and understands that its application for Associate Membership is subject to approval by the Vermont Bankers Association Board of Directors and that Associate Membership will be governed by the By-Laws and any rules and policies of the Association, as determined periodically.

NAME OF REPRESENTATIVE:

TITLE:

SIGNATURE:

DATE:

CONTACT PERSON, IF DIFFERENT THAN ABOVE:

EMAIL ADDRESS FOR CONTACT PERSON:

Please submit completed application and \$700 fee to:

June Hibbs, Vice President & Corporate Secretary

Vermont Bankers Association

PO Box 587, Montpelier, VT 05601-0341