VERMONT BANKERS ASSOCIATION, INC.

VBA

APPLICATION FOR ASSOCIATE MEMBERSHIP

Associate Membership fee is $800.00 per year and is due and payable on the anniversary date of this application's acceptance.

ORGANIZATION:
STREET ADDRESS:
MAILING ADDRESS:
CITY, ST, ZIP:
TELEPHONE: FAX NUMBER:
WEBSITE:

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 Executive Council and that Associate Membership will be governed by the By-Laws and any rules and policies of the Association, as determined periodically.

REPRESENTATIVE:
TITLE:
SIGNATURE: DATE:
CONTACT IF DIFFERENT:
EMAIL OF CONTACT:

Please submit completed application to:

Rebecca Kilian
Vice President & Corporate Secretary
Vermont Bankers Association, PO Box 587 Montpelier, VT 05601-0587