

AMB ASSOCIATE MEMBERSHIP APPLICATION

Company / Organization: _____

Primary Contact Person: _____

Title: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Email: _____

Website: _____

Types of Products / services offered: _____

Accounts Payable Contact (if different from above)

Name: _____ Phone: _____

Advertising Contact (if different from above)

Name: _____ Phone: _____

We would like to become an Associate Member of America's Mutual Banks

Signature

Date

(Please send a brochure or other materials describing your organization.)

Membership is just \$500 annually and joining is easy!
Just complete this Associate Membership Application and return it to:

America's Mutual Banks

701 8th Street N.W., Suite 700

Washington, DC 20001

Phone: 202-220-6961 Fax: 202-220-6945

Membership subject to review and approval.

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I certify that _____ (name of organization) has not been convicted of any crime involving personal dishonesty or is subject to any court judgment for fraud or unjust enrichment or to any administrative order or written agreement involving unsafe or unsound practices that resulted in a material loss to a financial institution whose deposits are federally insured or is otherwise subject to an order of suspension or prohibition by any regulatory authority or appropriate disciplinary body.

Authorized Representative